Agenerase NDA 21-007&21-039

Vijay Tammara

Prabhu Rajagopalan

Group I: APV (1200mg BID)+ ZDV (300mg BID) + 3TC (150mg BID)

Group II: APV placebo (BID) + ZDV (300mg BID) + 3TC (150mg BID)

To be enrolled in the study, subjects had to be naïve to all HIV protease inhibitors, must not have received greater than 4 weeks of therapy with any reverse transcriptase inhibitor (RTI), and must not have had a previous diagnosis of the acquired immunodeficiency syndrome (AIDS).

Subjects: 232 subjects (26F; 206M; mean age 36.6 years; mean body weight: 77 kg), with 116 subjects per treatment group, were enrolled in this study.

Formulations: APV: 150mg or —— soft gelatin capsules; Matching placebo: 150 and — mg; ZDV: 300 mg tablets and 100mg capsules; 3TC: 150mg tablets; and ABC: 300mg tablets were used in this study.

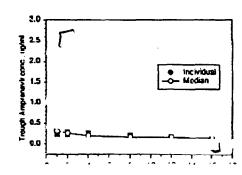
| | Balch No. | | | | |
|---------------|---|---------------------|--|--|--|
| Drug Name | US Siles | European Siles | | | |
| APV (active) | 150mg | | | | |
| | ACCURACIO ADDITE DARREDA | 4000470141 TOTOGA | | | |
| | 032781, SF046592, SF048691, SF930896 | (32176) T97/241A | | | |
| | · · · · · · · · · · · · · · · · · · · | – mg | | | |
| | 029699 | 8F031542 | | | |
| | SF031542 | (029899) T97/128A | | | |
| | | (029899) T97/048A | | | |
| APV (placebo) | 11 | 50mg | | | |
| | 031735/A | (031735/A) T97/150A | | | |
| | 90275 8 | (031730/A) | | | |
| | Year. | * xmg | | | |
| | 026997 | E900208 | | | |
| | , E900208 | (29897) T97/049A | | | |
| | E900217 | (29897) T97/129A | | | |
| ZDV | 300mg | | | | |
| | 5N2710 | (3297A) T97/234A | | | |
| | 602766 | (3297A) E07B39 | | | |
| | | (3297A) T97/050A | | | |
| | | (3205J/A) T96/252A | | | |
| | 10 | Doma | | | |
| | 5Y27'50 | (3271K/A) T97/145A | | | |
| | | (3206B) T97/226A | | | |
| | • | ACT-3048N/A | | | |
| STC | 11 | 50mg | | | |
| | 521210, 6ZM0279 6ZM0280, 6ZM0747 | W0296FB | | | |
| ABC | . 30 | 20 mg | | | |
| | W0017KM, W0117NA, W0127NC | | | | |
| | WADTB35AA, WADTB37AA | W0068BF | | | |

RESULTS:

<u>Pharmacokinetic Data Analysis</u>: The sponsor intends to do population based PK and PK-PD analyses after the completion of study. However, in this submission, interim results of PK and PK-PD analyses were reported with summary statistics for individual trough concentrations over the 16 week evaluation for a total of 71 subjects (62M, 9F), but no formal statistical comparisons were attempted. Median amprenavir trough concentrations versus AAUCMB for log10 HIV-1 RNA levels and CD4+ cell counts was performed to detect if a relationship between exposure and efficacy was apparent.

Summary statistics for the APV trough concentrations by visit and individual trough concentrations are presented in the following table and figure:

| İ | | 1 | Trough APY concentration, µg/mL | | | | | |
|------|----|-------|---------------------------------|------|--------|------------|--|----|
| Week | N | Mean | S.D | CV,% | Median | Minimum | Maximum | |
| 1 | 22 | 0.333 | 0.203 | 61 | 0.310 | | | |
| 2 | 41 | 0.353 | 0.461 | 131 | 0.262 | | | 5(|
| 1 | 35 | 0.237 | 0243 | 102 | 0.193 | ,,,,, | ************************************** | - |
| 8 | 33 | 0.242 | 0.361 | 149 | 0.164 | , e potine | ********* | 1 |
| 12 | ¥ | 0.182 | 0.120 | 66 | 0.155 | | | |



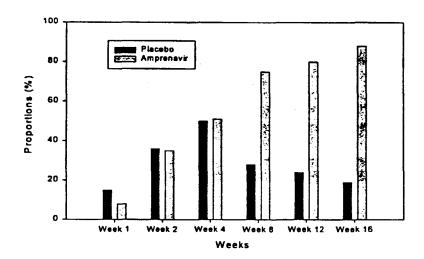
Between and within subject variability was observed to be high (CV range: 61 to 149% and 7 to 173%, respectively), which could be due to discrepancies in the times that doses and samples were recorded compared to the actual times of these events. This reviewer notes that the above figure demonstrated a trend of decreasing concentration of APV over the initial eight week period and then stabilizing through week 16. The time variant pharmacokinetics observed in this study are consistent with similar changes observed in PROA1002 and could be possibly due to lowering of α-1-acid glycoprotein (AAG) levels during antiretroviral therapy with APV. Free APV concentration in the plasma would be expected to modestly increase over time due to the lowering of AAG levels during therapy resulting in lower total APV concentrations. Other possible explanations include decreased absorption due to formulation problems, induction, compliance, and possible drug-drug interactions. In addition, the observed mean and median total APV concentrations at 16 weeks reported in this study were approximately 5-6 fold higher than the median in vivo IC50 from clinical isolates (0.028mg/mL;

The sponsor reported that no apparent difference in mean trough concentrations between males and females was observed. But median trough concentrations were lower in females, as trough concentrations were below the detection limit in 4/9 females. Similarly, blacks (n=10) and hispanics (n=7) tended to have modestly lower mean trough APV concentrations than whites (n=52). However, the small sample size precludes definitive interpretation.

The sponsor performed PK-PD correlation using the simple Emax and inhibitory Emax model. A modest correlation was observed between APV median trough concentrations and the changes in plasma HIV-1 RNA (r²=0.24), but no significant relationship was observed between APV median trough concentration and changes in CD4+ cell counts.

Efficacy: For the 16-Week analysis, the primary efficacy endpoint was antiviral activity, defined as the proportion of subjects with plasma HIV-1 RNA <400 copies/mL who did not progress to a CDC Class C event or death. This analysis revealed that the triple combination of APV plus 3TC/ZDV was superior (p<0.001) to placebo plus 3TC/ZDV through 16 weeks of treatment in antiretroviral therapy-naïve subjects as depicted in the following figure.

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Safety: The two combination treatment regimens (APV/3TC/ZDV and placebo plus 3TC/ZDV) were generally well tolerated. The most common drug-related AEs were nausea, gaseous symptoms, fatigue, oral/perioral paresthesia, vomiting, headache, rash, and diarrhea. Only nausea, oral/perioral paresthesia, rash, and vomiting were higher in subjects treated with APV/3TC/ZDV compared to 3TC/ZDV alone. Nausea was the most common AE that led to discontinuation of study medication (1, 3TC/ZDV; 11, APV/3TC/ZDV); only three cases of rash were treatment-limiting (1, 3TC/ZDV; 2, APV/3TC/ZDV). Only one subject had a recurrence of rash after re-introduction of study drug.

In conclusion, the reviewer observed time variant pharmacokinetics of amprenavir which could be attributed to lowering of α -1-acid glycoprotein (AAG) levels during antiretroviral therapy with APV, decreased absorption due to formulation problems or induction, compliance, and possible drug-drug interactions.

Title: A study to compare the pharmacokinetics of a single, oral, 600 mg dose of amprenavir in healthy volunteers and patients with cirrhosis [(Protocol no.: PROB1008) NDA 21007 Volume 3.11].

Objectives: (i) To compare the pharmacokinetics of a single 600 mg dose of amprenavir following oral administration in healthy volunteers and subjects with cirrhosis (ii) To determine the dosing recommendations based on changes in hepatic function.

Subjects: 30 subjects were enrolled in the study.

| | Healthy | Moderate cirrhosis | Severe cirrhosis |
|---------------------------------|---------|--------------------|------------------|
| Male / Female | 7/3 | 7/3 | 6/4 |
| Mean age, years | 51 | 51 | 52 |
| Mean body weight, kg | 79.5 | 80.4 | 73.9 |
| Median Child-Pugh score (range) | | 5.0 (5 – 6) | 9.0 (8 - 12) |

Agenerase NDA 21-007&21-039

Vijay Tammara

Prabhu Rajagopalan

Study Design: Subjects enrolled in this study received a single 600 mg oral dose amprenavir. The Applicant states that a decrease in clearance was anticipated in patients with cirrhosis and a dose of 600 mg was chosen to limit exposure in these subjects. Subjects received the treatments under fasted conditions.

Formulation: Amprenavir soft gelatin capsules (150 mg, batch number 6R2782) were used in this study.

Sample Collection: Blood samples were obtained at predose, and at 0.25, 0.5, 0.75, 1, 1.5, 2, 2.5, 3, 4, 5, 6, 8, 10, 12, 15 and 24 hours after amprenavir administration to healthy subjects. In subjects with cirrhosis, five additional samples were collected at 34, 48, 58, 72 and 96 hours.

Pharmacokinetic Data Analysis: Pharmacokinetic parameters were estimated by non-compartmental methods. The C_p-t profiles for amprenavir are shown in Figure 15 and pharmacokinetic parameters are presented in Table 1.

Table 1. Mean (%CV) pharmacokinetic parameters of amprenavir.

| | | Subjects with | | |
|----------------------------|------------------|--------------------|------------------|--|
| | Healthy subjects | Moderate cirrhosis | Severe cirrhosis | |
| C _{max} , ng/mL | 4900 (28) | 6483 (35) | 9434 (28) | |
| T _{max} , h | 0.98 (31) | 1.08 (38) | 1.08 (80) | |
| AUC₀,∞, ng.h/mL | 11999 (37) | 25761 (57) | 38656 (37) | |
| Half-life, h | 5.56 (25) | 7.81 (65) | 7.93 (50) | |
| CL _T /F, mL/min | 946 (37) | 564 (73) | 295 (35) | |
| V/F, L | 462 (49) | 458 (147) | 196 (56) | |

Since amprenavir is extensively metabolized in the liver, hepatic impairment significantly affected the single dose pharmacokinetics of amprenavir. The changes in the pharmacokinetics are shown in Table 2.

Table 2. Geometric LS Mean ratio and 90% confidence interval.

| | Subjects with mod. cirrhosis / Healthy subjects | Subjects with sev. cirrhosis / Healthy subjects |
|--------------------|---|---|
| Cmax | 1.28 (0.95, 1.74) | 1.96 (1.34, 2.87) |
| AUC ₀ | 2.46 (1.76, 3.44) | 4.51 (3.06, 6.67) |
| Half-life | 1.26 (0.91, 1.75) | 1.33 (0.89, 1.99) |
| CL _T /F | 0.41 (0.29, 0.57) | 0.22 (0.15, 0.33) |
| V/F | 0.66 (0.39, 1.11) | 0.32 (0.16, 0.62) |

Statistical analyses:

Relationship between Child-Pugh score and pharmacokinetic parameters

As shown in Figure 16, there is clear relationship between hepatic impairment and exposure to amprenavir. The mean C_{max} and $AUC\infty$ increased with increasing hepatic impairment and clearance decreased with increasing hepatic impairment. The Applicant has performed linear regression of various pharmacokinetic parameters with respect to Child-Pugh score (a score of zero was assigned to healthy subjects). The Applicant has proposed a dose adjustment schedule for patients with hepatic impairment based on linear regression of $AUC\infty$ with respect to Child-Pugh score. As per the Applicant's recommendation, HIV infected patients with a Child-Pugh score of 5-8 and 9-15 will receive 450 mg

Agenerase NDA 21-007&21-039
Vijay Tammara
Prabhu Rajagopalan
BID and 300 mg BID, respectively. The recommended dose for HIV patients with no hepatic impairment is 1200 mg BID.

Reviewer's remarks: In the opinion of this Reviewer, regression of a continuous variable against a discreet variable may not be appropriate. Further, assigning a Child-Pugh score of '0' to all healthy subjects is not acceptable. However, the dose adjustments proposed by the Applicant may also be justified by the following observation made by the Reviewer. As shown in Table 2, AUC ∞ increased by 2.5- and 4.5- fold in subjects with moderate and severe hepatic impairment, respectively. In order to achieve similar exposure in these subjects when compared to healthy subjects, 1/2.5 (= 0.40) and 1/4.5 (= 0.22) of the recommended dose may be administered to subjects with moderate and severe hepatic impairment, respectively. This corresponds to a dose of 480 mg BID and 265 mg BID for subjects with moderate (C-P score 5 - 8) and severe (C-P score 9 -12) hepatic impairment, respectively. Based on available strengths, the doses can be rounded to 450 mg BID and 300 mg BID (as proposed by the Applicant).

- Relationship between AUC∞ and albumin, prothrombin time and bilirubin

The Applicant evaluated the relationship between AUC ∞ and albumin, prothrombin time and bilirubin. An ANOVA model was employed taking into account the gender and mean baseline value for albumin, prothrombin time and bilirubin. Among the three lab data, bilirubin was found to have a significant (p=0.01) association with AUC ∞ . The p values for albumin and prothrombin time were 0.26 and 0.52, respectively.

The relationship between AUC ∞ and bilirubin was further evaluated using E_{max} models. The Applicant used the simple E_{max} and the sigmoid E_{max} models with five different weighting schemes. Simple E_{max} model with no weights was found to best describe the data. The parameter estimates for the model are shown in Figure 17. This relationship between amprenavir and bilirubin suggests that these two species may share a common metabolic pathway.

α1- acid glycoprotein score analysis

Since amprenavir is primarily bound to α 1- acid glycoprotein, the Applicant measured the serum levels of α 1-acid glycoprotein in each subject. A score was assigned to each subject according to the following formula:

 α 1- acid glycoprotein score = (value - (H+L)/2) /(H - L) where, H and L are the upper and lower limits of the normal range, respectively.

The mean α 1- acid glycoprotein scores were -0.176, -0.392 and -0.624 in healthy subjects, subjects with moderate and severe cirrhosis, respectively. These differences were statistically significant (p=0.013 and -0.003 for the moderately and severely impaired groups). The Applicant states that the above formula was used to "avoid a high difference observed for α 1-acid glycoprotein normal range between each laboratory". The Applicant has not provided the individual values for α 1-acid glycoprotein.

The Applicant states that the decrease in α 1- acid glycoprotein is most likely due to hepatic impairment, as this protein is synthesized in the liver. As a result of lower protein concentrations, the free fraction of amprenavir may have increased, leading to an increase in total clearance. However, since the total clearance decreased in subjects with hepatic impairment, it appears that such impairment affected amprenavir pharmacokinetics to a greater degree than did protein binding.

In conclusion, the results of this study indicate that hepatic impairment significantly affects the pharmacokinetics of amprenavir. Exposure as measured by $AUC\infty$, increased by 2.5 and 4.5 fold in subjects with moderate and severe hepatic impairment, respectively. Dose adjustments should be made to subjects with hepatic impairment. Subjects with Child-Pugh scores of 5-8 and 9-12 should receive amprenavir at doses of 450 mg BID and 300 mg BID, respectively.

The relationship between total bilirubin and $AUC\infty$ of amprenavir can be reasonably described by simple E_{max} model. Increase in total bilirubin resulted in increased exposure to amprenavir. Serum α 1- acid glycoprotein levels were lower in subjects with hepatic impairment. Despite a possible increase in free drug concentration, total clearance was lower in these subjects as a result of hepatic impairment.

Title: A randomized, crossover study to evaluate the safety and pharmacokinetics of 141W94, zidovudine and lamivudine alone and in combination after single-dose administration in HIV-infected subjects [(Protocol no.: PROA1003) NDA 21007 Volume 8.1].

Objectives: (i) To determine the pharmacokinetics and safety of single doses of amprenavir, zidovudine (ZDV) and lamivudine (3TC) when administered alone and in two and three drug combinations. (ii) To assess whether pharmacokinetic interactions exist between amprenavir, ZDV and 3TC after single dose administration.

Subjects: A total of 42 HIV—positive subjects (without AIDS) were enrolled in the study and 33 subjects completed all four treatment periods. Fourteen subjects were randomized to each of the three cohorts. Ten, 11 and 12 subjects completed Cohorts I, II and III, respectively.

Nine subjects discontinued the study prematurely and did not complete all four treatments. Three subjects withdrew from the study due to adverse events. One subject with a medical history of seborrhea experienced worsening of facial seborrhea. A second subject with a medical history of renal stones and migraine headaches was discontinued after confirmation of presence of renal calculus. The third subject was withdrawn from the study due to profuse dental bleeding. These adverse events were not considered to be study related by the investigator.

Three subjects were discontinued from the study because of protocol violations (One subject was treated for a urinary tract infection 24 hours prior to study drug dosing and two subjects tested positive in drug screens). One subject did not return to receive the second treatment and two subjects were discontinued following a decision by the Applicant to close a study center.

Study Design: The study was conducted in a randomized, four-period crossover fashion. Subjects were randomly assigned to one of the following three cohorts and received four (out of a total of eight) treatments mentioned in the following table. Within each cohort, subjects were randomized to a treatment sequence according to a 4 x 4 William's square design.

| Prabbu | Ra | agopalar |
|----------|-----|-----------|
| 1 100114 | 1/4 | IAKUDAIAI |

| | | | Dose, mg | |
|------------------|---------------|------------|------------|------------|
| Cohort no. | Treatment no. | Amprenavir | Zidovudine | Lamivudine |
| I | 1 | 600 mg | | |
| | 2 | | 300 mg | |
| | 4 | 600 mg | 300 mg | |
| | 7 | 600 mg | 300 mg | 150 mg |
| \mathbf{n}_{-} | 1 | 600 mg | | |
| `. | 3 | | | 150 mg |
| | 5 | 600 mg | | 150 mg |
| | 7 | 600 mg | 300 mg | 150 mg |
| Ш | 2 | | 300 mg | |
| | 3 | | • | 150 mg |
| | 6 | | 300 mg | 150 mg |
| | 8 | Placebo | 300 mg | 150 mg |

Subjects received a single dose of each antiviral agent and the treatments were separated by a washout period of at least 7 days. All treatments were administered under fasted conditions with 8 fluid ounces of water.

Formulation: Amprenavir soft-gelatin capsules (150 mg, batch number 5P2740), zidovudine capsules (100 mg, Retrovir®) and lamivudine tablets (150 mg, Epivir®) were used in this study.

Sample Collection: Blood samples were obtained at predose and at 0.25, 0.50, 0.75, 1, 1.5, 2, 2.5, 3, 4, 5, 6, 8, 10, 12, 16 and 24 hours after each treatment. Urine was collected during the following time intervals: 0-4, 4-8, 8-12 and 12-24 hours after each treatment.

Pharmacokinetic Data Analysis: Pharmacokinetic parameters were estimated by non-compartmental methods. The Applicant performed the following statistical analyses on log-transformed pharmacokinetic parameters. The initial analysis involved evaluating each cohort individually, in which each cohort was viewed as an independent four-way crossover study. The following general model was used:

PK parameter = μ + subject + treatment + period + carryover

According to the Applicant, there was no evidence of carryover effect in the 'by-cohort' analyses. After removing the carryover term, there were no significant period effects. As a result, the Applicant performed the primary analyses on pooled data (across cohorts for a given treatment) and Treatment 6 was combined with Treatment 8. Appropriate models were then used for amprenavir, ZDV, and 3TC pharmacokinetic parameters.

The plasma concentration - time profiles for amprenavir, ZDV, ZDV glucuronide and 3TC under various treatments are shown in Figures 18, 19, 20 and 21, respectively. When compared to the respective reference treatments, the plasma profiles were superimposable for all analytes. The pharmacokinetic parameters for amprenavir, ZDV ZDV-glucuronide and 3TC are presented in Tables 1, 2, 3 and 4, respectively. Although the Sponsor had combined Treatments 6 and 8 for the purposes of statistical analyses, this Reviewer has presented the pharmacokinetic parameters from these two treatments separately for the sake of clarity.

By employing the statistical method described above, the Applicant has calculated the geometric LS mean ratio for two and three drug combinations with respect to reference treatment (not shown in the tables below). The Applicant has also calculated the 90% confidence intervals for the geometric LS mean ratio. The ratios and the 90% confidence intervals were, in most instances, within acceptable limits and did not indicate occurrence of significant drug interaction.

Table 1. Mean (%CV) pharmacokinetic parameters of amprenavir

| | Amprenavir (n = 26) | Amprenavir + ZDV (n = 12) | Amprenavir + 3TC (n = 11) | Amprenavir + ZDV + 3TC $(n = 23)$ |
|--------------------------|------------------------|--------------------------------|------------------------------|-----------------------------------|
| C _{max} , μg/mL | 5.32 (34) | 5.76 (24) | 5.32 (50) | 5.18 (35) |
| AUC∞, μg.h/mL | 12.47 (44) | 14.30 (42) | 12.99 (52) | 11.97 (43) |
| Half-life, h | 6.78 (72) | 5.94 (40) | 7.53 (63) | 8.52 (82) |
| CL _r /F, L/h | 58.23 (48) | 47.81 (37) | 59.11 (52) | 60.78 (49) |

Table 2. Mean (%CV) pharmacokinetic parameters of ZDV

| | ZDV (n = 26) | ZDV + amprenavir (n = 12) | ZDV + 3TC (n = 13) | ZDV + 3TC + placebo (n = 12) | ZDV + 3TC + amprenavir (n = 23) |
|--------------------------|-----------------|------------------------------|-----------------------|---------------------------------|------------------------------------|
| C _{max} , μg/mL | 1.38 (41) | 1.93 (37) | 1.52 (43) | 1.20 (34) | 1.67 (43) |
| AUC∞, μg.h/mL | 1.79 (24) | 2.45 (32) | 1.72 (27) | 1.60 (28) | 2.15 (27) |
| Half-life, h | 1.96 (55) | 2.23 (77) | 1.43 (39) | 1.58 (38) | 1.97 (38) |
| CL _T /F, L/h | 177.24 (24) | 134.38 (33) | 186.90 (30) | 204.0 (34) | 148.19 (24) |

Table 3. Mean (%CV) pharmacokinetic parameters of ZDV- glucuronide

| | ZDV (n = 26) | ZDV + amprenavir (n = 12) | ZDV + 3TC (n = !3) | ZDV + 3TC + placebo (n = 12) | ZDV + 3TC + amprenavir (n = 22) |
|--------------------------|-----------------|------------------------------|-----------------------|---------------------------------|------------------------------------|
| C _{max} , µg/mL | 5.73 (48) | 5.45 (55) | 5.07 (25) | 4.57 (34) | 4.39 (42) |
| AUC∞, μg.h/mL | 8.18 (39) | 9.21 (43) | 6.65 (26) | 6.39 (31) | 8.01 (35) |
| Half-life, h | 1.74 (82) | 1.87 (58) | 1.39 (43) | 1.39 (30) | 2.75 (184) |

When compared to administration of ZDV alone, ZDV AUC ∞ increased by 20 to 37% and C_{max} increased by 21 to 40% when ZDV was administered with amprenavir. This increase in ZDV exposure is not considered to be clinically significant.

Table 4. Mean (%CV) pharmacokinetic parameters of 3TC

| | 3TC (n = 25) | 3TC + amprenavir (n = 11) | 3TC + ZDV (n = 13) | 3TC + ZDV + placebo (n = 12) | 3TC + ZDV + amprenavir (n = 23) |
|--------------------------|-----------------|------------------------------|-----------------------|---------------------------------|------------------------------------|
| C _{max} , μg/mL | 1.35 (34) | 1.15 (37) | 1.31 (33) | 1.34 (26) | 1.12 (31) |
| AUC∞, μg.h/mL | 5.33 (22) | 4.85 (19) | 5.36 (19) | 5.35 (23) | 4.93 (20) |
| Half-life, h | 7.97 (25) | 8.35 (46) | 7.87 (23) | 7.39 (29) | 8.20 (33) |
| CL _T /F, L/h | 29.34 (20) | 31.97 (20) | 28.79 (16) | 29.2 (21) | 31.58 (20) |

Since clinically significant differences were not observed in plasma concentration profiles, the Applicant did not assay the urine samples.

In conclusion, two and three drug combinations of amprenavir, ZDV and 3TC were investigated in this study. The results of this single dose study do not indicate occurrence of a clinically significant drug interaction between any of the three drugs investigated in this protocol. It should also be noted that patients enrolled

Agenerase NDA 21-007&21-039
Vijay Tammara
Prabhu Rajagopalan
in a Phase 3 study have received amprenavir (1200 mg BID), ZDV (300 mg BID) and 3TC (150 mg BID)
for at least 24 weeks.

Title: A study to investigate whether there is a pharmacokinetic interaction between 141W94 and ketoconazole following their co-administration to healthy male volunteers [(Protocol no.: PROA1005)

Objectives: (i) To determine the reciprocal pharmacokinetic interaction when single doses of amprenavir and ketoconazole are administered concomitantly. (ii) To evaluate the use of the erythromycin breath test as a predictor of the rate of clearance of amprenavir and to measure the degree of inhibition of CYP3A4 caused by ketoconazole and amprenavir.

Subjects: 12 healthy male subjects (mean age: 25 years, mean weight: 77 kg) were enrolled in the study.

Study Design: The study was conducted in a randomized, three-way crossover fashion. Subjects enrolled in this study received the following treatments.

Treatment 1 : Single dose of 1200 mg of amprenavir Treatment 2 : Single dose of 400 mg of ketoconazole

Treatment 3 : Single doses of 1200 mg of amprenavir and 400 mg of ketoconazole

The treatments were separated by a washout period of at least 7 days. Subjects received the treatments under fasted conditions with 8 fluid ounces of water. Erythromycin breath test was administered at screening and two hours postdose after each treatment.

Formulation: Amprenavir soft gelatin capsules (150 mg, batch number 6R2782) and ketoconazole tablets (200 mg, Nizoral[®]) were used in this study.

Sample Collection: Blood samples were obtained at predose, and at 0.25, 0.5, 0.75, 1, 1.5, 2, 2.5, 3, 4, 5, 6, 8, 10, 12, 16 and 24 hours after each treatment.

Analytical Methodology:

Pharmacokinetic Data Analysis: Pharmacokinetic parameters were estimated by non-compartmental methods. The C_p-t profiles for amprenavir and ketoconazole are shown in Figure 22 and pharmacokinetic parameters are presented in Table 1.

Table 1. Mean (%CV) pharmacokinetic parameters of amprenavir and ketoconazole

| | Amprenavi | r parameters | Ketoconazol | e parameters |
|---------------------------------|-------------|--------------|-------------|--------------|
| | Treatment 1 | Treatment 3 | Treatment 2 | Treatment 3 |
| C _{max} , μg/mL | 6.99 (24) | 6.04 (36) | 7.29 (32) | 8.54 (26) |
| T _{max} , h | 1.20 (32) | 1.85 (56) | 2.10 (41) | 3.00 (24) |
| AUC _{0-last} , μg.h/mL | 20.89 (22) | 27.91 (32) | 34.80 (31) | 49.04 (24) |
| AUC _{0.} -, μg.h/mL | 21.98 (22) | 29.50 (33) | 35.18 (31) | 49.51 (24) |
| Half-life, h | 8.73 (72) | 6.56 (33) | 1.86 (24) | 2.27 (18) |
| CL _T /F, mL/min | 966 (30) | 755 (36) | 216 (47) | 144 (30) |
| V/F, L | 705 (70) | 422 (45) | 35 (46) | 29 (35) |

The increase in amprenavir AUC ∞ , 31%, was statistically significant. The 90% CI for the geometric mean LS ratio was 1.20-1.42. The decrease in amprenavir C_{max} , 16%, was also statistically significant and the 90% confidence interval for the ratio was 0.75-0.94. The individual values for the ratio of Treatment 3 / Treatment 1 pharmacokinetic parameters for amprenavir are shown in Figure 23a. As seen in this figure, C_{max} was consistently lower in most subjects and AUC ∞ was higher in all subjects after concomitant administration. The differences in half-life values were not statistically significant. This Reviewer noted that in several subjects, the last three data points were used for the determination of terminal phase half-life of amprenavir and the 2 hour difference in half-life may be attributed to imprecise estimation of true terminal phase half-life.

The increase in ketoconazole AUC ∞ , 44%, was statistically significant. The 90% CI for the geometric mean LS ratio was 1.31-1.59. A statistically significant increase in ketoconazole C_{max} , 19%, with a 90% confidence interval for the geometric mean LS ratio of 1.08-1.33 was also noted. The individual values for the ratio of Treatment 3 / Treatment 2 pharmacokinetic parameters for ketoconazole are shown in Figure 23b.

According to the Sponsor, the overall results indicate that the interaction between amprenavir and ketoconazole may occur at different sites or by different mechanisms. A reason for decreased amprenavir C_{max} is not clear at this time. The likely reason for increase in exposure to amprenavir and ketoconazole following concomitant administration is an increase in systemic bioavailability due to inhibition of CYP3A4.

The mean (%CV) erythromycin breath test values (% erythromycin metabolized per hour) after various treatments are given below.

| Screening | Treatment 1 | Treatment 2 | Treatment 3 | Follow-up |
|-----------|--------------|----------------|-----------------------------|-----------|
| | (amprenavir) | (ketoconazole) | (amprenavir + ketoconazole) | |
| 1.95 (18) | 0.46 (45) | 0.53 (30) | 0.28 (34) | 2.00 (16) |

As expected, amprenavir and ketoconazole inhibited CYP3A4 enzyme activity. However, there was no correlation between erythromycin breath test values and the clearance of amprenavir or that of ketoconazole.

In conclusion, the results of this study indicate that after single dose administration of amprenavir and ketoconazole, the amprenavir AUC increased by 31% and amprenavir C_{max} decreased by 16%. Similarly, concomitant administration increased ketoconazole AUC and C_{max} by 44% and 19%, respectively. The clinical implication of the pharmacokinetic interaction observed in this study is not known.

Title: A study to investigate whether there is a pharmacokinetic interaction between 141W94 and clarithromycin following their co-administration to healthy male volunteers [(Protocol no.: PROA1013) NDA 21007 Volume 3.9].

Objectives: (i) to determine the effects of co-administration of amprenavir and clarithromycin on the pharmacokinetics of these drugs; (ii) to evaluate the potential use of the erythromycin breath test (ERMBT) as a predictor of the rate of clearance of amprenavir; and (iii) to measure, using the ERMBT, the degree of inhibition of cytochrome P450 3A4 caused by amprenavir and clarithromycin.

Subjects: 14 healthy male subjects (mean age: 27 years, mean weight: 75 kg) were enrolled in the study. Twelve subjects completed the study. One subject withdrew consent and the other discontinued treatment due to AEs (nausea and vomiting)

Study Design: The study was conducted in a randomized, three-period crossover fashion. Subjects enrolled in this study received the following treatments.

Treatment 1: 1200 mg amprenavir BID; a total of seven doses over four days Treatment 2: 500 mg clarithromycin BID; a total of seven doses over four days

Treatment 3: 1200 mg amprenavir and 500 mg clarithromycin, BID; a total of seven doses each over four days.

There was no washout period between the treatments. Subjects received the treatments under fasted conditions. Randomization was performed according to two 3 x 3 Latin Squares. The pharmacokinetics of the amprenavir and / or ketoconazole were determined on Study Days 4, 8 and 12. Erythromycin breath test was administered at baseline and two hours after the seventh dose of each treatment.

Formulation: Amprenavir soft gelatin capsules (150 mg, batch number 6R2782) and clarithromycin tablets (500 mg, Biaxin®) were used in this study.

Sample Collection: Blood samples were obtained at predose, and at 0.25, 0.5, 0.75, 1, 1.5, 2, 2.5, 3, 4, 5, 6, 8, 10, 12, 16 and 24 hours after each treatment. Urine samples were collected during 0-4, 4-8, 8-12 and 12-24 hours for determining the amount of clarithromycin and 14-hydroxy clarithromycin excreted after Treatments 2 and 3.

Pharmacokinetic Data Analysis: Pharmacokinetic parameters were estimated by non-compartmental methods. The log-transformed pharmacokinetic parameters were analyzed using ANOVA with treatment, period and sequence as fixed effects and subject-within-sequence as the random effect. The two one-sided tests were performed to compare the pharmacokinetic parameters. The C_p-t profiles for amprenavir are shown in Figure 24 and the pharmacokinetic parameters are presented in Table 1.

Table 1. Mean (%CV) pharmacokinetic parameters of amprenavir

| | Amprenavir parameters | | Geo. LS Mean ratio (90% CI) |
|----------------------------|------------------------|------------------------|-----------------------------|
| | Treatment 1 $(n = 14)$ | Treatment 3 $(n = 12)$ | Treatment 3 / Treatment 1 |
| C _{max} , μg/mL | 8.98 (26) | 10.10 (26) | 1.15 (1.01 – 1.31) |
| T _{max} , h | 1.25 (53) | 1.34 (38) | , |
| AUCss. µg.h/mL | 29.08 (26) | 32.93 (25) | 1.18 (1.08 –1.29) |
| Cave, µg/mL | 2.42 (26) | 2.74 (25) | 1.18(1.08 - 1.29) |
| Cmin, µg/mL | 0.41 (45) | 0.53 (38) | 1.39 (1.31 – 1.47) |
| CL _T /F, mL/min | 754 (38) | 649 (30) | 0.85 (0.78 –0.93) |

The increases in geometric LS mean amprenavir AUC, C_{max} and C_{min} were 18%, 15% and 39%, respectively. The Treatment 1 ratio of individual amprenavir C_{max} and AUC are shown in Figure 25.

The C_p-t for clarithromycin and 14-hydroxy clarithromycin are shown in Figure 26 and the corresponding pharmacokinetic parameters are presented in Table 2.

Table 2. Mean (%CV) pharmacokinetic parameters of clarithromycin and 14-hydroxy clarithromycin

| | Clarithromycin parameters | | 14-hydroxy clarithromycin param | | |
|----------------------------|---------------------------|------------------------|---------------------------------|------------------------|--|
| _ | Treatment 2 $(n = 13)$ | Treatment 3 $(n = 12)$ | Treatment 2 $(n = 13)$ | Treatment 3 $(n = 12)$ | |
| C _{max} , μg/mL | 2.70 (29) | 2.36 (19) | 0.84 (28) | 0.58 (48) | |
| T _{max} , h | 2.46 (73) | 4.79 (29) | 3.31 (35) | 5.50 (69) | |
| AUCss, µg.h/mL | 22.31 (29) | 20.92 (21) | 7.70 (26) | 4.87 (24) | |
| C _{min} , μg/mL | 1.06 (33) | 1.09 (28) | 0.47 (38) | 0.44 (38) | |
| CL _T /F, mL/min | 405 (30) | 417 (25) | | , | |
| CL _R , mL/min | 121 (32) | 159 (21) | | | |
| Ae(0-24h), mg | 158 (35) | 194 (19) | 60 (11) | 50 (21) | |

The decreases in geometric LS mean clarithromycin AUC and C_{max} were 4% and 10%, respectively. The Treatment 3: Treatment 2 ratio of individual clarithromycin C_{max} and AUC are shown in Figure 27. The mean clarithromycin trough concentrations and total clearance were essentially identical for Treatments 2 and 3. However, a 34% increase in clarithromycin renal clearance was noted in Treatment 3. The AUC and C_{max} of the 14-hydroxy metabolite were decreased by 35% and 32%, respectively.

The mean (%CV) erythromycin breath test values (% erythromycin metabolized per hour) after various treatments are given below.

| Screening | Treatment 1 (amprenavir) | Treatment 2 (clarithromycin) | Treatment 3 (amprenavir + clarithromycin) | Follow-up |
|-----------|--------------------------|------------------------------|---|-----------|
| 2.23 (36) | 0.36 (39) | 0.75 (32) | 0.31 (26) | 2.07 (28) |

One subject was excluded from the statistics due to an anomalous baseline value of 0.44. There was no correlation between erythromycin breath test values and clearance of amprenavir. The inhibition of CYP 3A4 enzyme activity was 85% due to amprenavir and 67% due to clarithromycin. The erythromycin

breath tests indicate that clarithromycin (Trt. 3) did not have any additional effect on the inhibition of CYP 3A4.

In conclusion, concomitant administration of amprenavir and clarithromycin resulted in a 18%, 15% and 39% increase in amprenavir AUC, C_{max} and C_{min} , respectively. This minor increase in exposure can be attributed to inhibition of CYP 3A4 by clarithromycin.

Concomitant administration of clarithromycin and amprenavir had no effect on clarithromycin exposure. However, a 10% decrease in mean clarithromycin C_{max} and 34% increase in clarithromycin renal clearance was noted. Since food has been reported to decrease clarithromycin C_{max} and increase renal clearance, the Applicant hypothesizes that amprenavir may have produced these effects due to its formulation. Statistically significant changes were noted in mean 14-hydroxy clarithromycin C_{max} (\downarrow 32%) and AUC (\downarrow 35%).

The clinical relevance of the pharmacokinetic interaction between amprenavir and clarithromycin is not known. When administered concomitantly, an adjustment in the dose of these drugs is not recommended at this time.

Title: A study to investigate whether there is a pharmacokinetic interaction between 141W94 and rifabutin and 141W94 and rifampin following their co-administration to healthy male volunteers [(Protocol no.: PROA1012) NDA 21007 Volume 3.5.].

Objectives: (i) to determine the drug interaction effects when amprenavir is concomitantly administered with rifabutin or rifampin; (ii) to evaluate the potential use of the erythromycin breath test (ERMBT) as a predictor of the rate of clearance of amprenavir, (iii) to evaluate, using the ERMBT, whether amprenavir is an inhibitor or an inducer of CYP3A4 activity in man; and (iv) to compare, using the ERMBT, the effects of rifabutin and rifampin mediated induction of CYP3A4 activity on the rate of clearance of amprenavir.

Subjects: 24 (12 per cohort) healthy male subjects (mean age: 27 years, mean weight: 76 kg) were enrolled in the study. Six subjects withdrew from the study due to adverse events. The adverse events are discussed later in this review.

Study Design: Subjects enrolled in this study were assigned to one of two dosing cohorts and received the following treatments.

| Cohort | Treatment code (Dosing days) | Treatment |
|--------|------------------------------|--|
| 1 | A (1 – 4) | Amprenavir 1200 mg BID for three and half days |
| | | Washout period: At least 7 days |
| | B(5-18) | 300 mg of rifabutin once daily for 14 days |
| | C(19-28) | Amprenavir 1200 mg BID + Rifabutin 300 mg once daily for 10 days |
| 2 | A (1 – 4) | Amprenavir 1200 mg BID for three and half days |
| | | Washout period: At least 7 days |
| | D (5 – 18) | 600 mg of rifampin once daily for 14 days |
| | E (19 – 22) | Amprenavir 1200 mg BID + Rifampin 600 mg once daily for 4 days |

In both cohorts, there was a washout period of at least 7 days after Treatment A. Subjects received all treatments under fasted conditions with 12 fluid ounces of water. Erythromycin breath test was administered at baseline and two hours postdose on Dosing Days 4, 11, 18 and 28 (Cohort 1) and 22 (Cohort 2).

<u>Reviewer's remarks</u>: For practical purposes, this study can be regarded as two separate drug interaction studies and the results will be reviewed separately.

Formulation: Amprenavir soft gelatin capsules (150 mg, batch number 6R2782), rifabutin capsules (150 mg, Mycobutin[®]) and rifampin capsules (300 mg, Rifadin[®]) were used in this study.

Sample Collection:

Amprenavir: Blood samples were obtained at predose, and at 0.25, 0.5, 0.75, 1, 1.5, 2, 2.5, 3, 4, 5, 6, 8, 10 and 12 hours after Treatments A, C and E

Rifabutin and rifampin: Blood samples were obtained at predose, and at 0.25, 0.5, 0.75, 1, 1.5, 2, 2.5, 3, 4, 5, 6, 8, 10, 12, 16 and 24 hours after Treatments B and C or D and E. Urine samples were obtained during the following time intervals: 0-4, 4-8, 8-12 and 12-24 hours after Treatments B and C or D and E.

Pharmacokinetic Data Analysis:

Amprenavir - rifabutin pharmacokinetic interaction

Twelve subjects were enrolled in Cohort 1 and all twelve subjects received Treatment A. One subject missed two consecutive doses of rifabutin (Treatment B) and, therefore, discontinued from the study. The remaining eleven subjects completed Treatment B, but five subjects withdrew from the study during Treatment C (amprenavir plus rifabutin) due to adverse events. Details on the adverse events are presented below:

| Subj. | Demographics | Adverse event * | Day withdrawn from study |
|-------|---------------------------|--|---|
| 732 | 29 year old White male | Mild fever, headache, myalgia | Withdrawn on Day 8 of Treatment C. Treated with ibuprofen, AEs resolved in 3 days |
| 733 | 18 year old White male | Mild sinus headache, mild episodes of weakness, dizziness and shortness of breath. All reported after discontinuation of Treatment C | Withdrawn one day after receiving Treatment C. All AEs resolved at follow-up visit. |
| 735 | 21 year old White male | Mild episode of nausea and vomiting on the first day of Treatment C. Mild episodes of diarrhea and tiredness. | Withdrawn on first day of Treatment C. AEs Resolved in 4 days |
| 740 | 26 year old Asian male | Mild episodes of nausea, vomiting, back pain, fever, headache, myalgia and moderate episode of exhaustion one day after starting Treatment C. | Withdrawn two days after reporting AEs. Treated with acetaminophen. |
| 742 | 28 year old White male | Severe fever (duration 1 day), severe headache (duration 11 days), chills and body pain (duration 3 days) starting with initiation of Treatment C. | Withdrawn the next day after reporting AEs. Treated with ibuprofen and dihydrocodone. |

^{*} Other adverse events reported during Treatments A and B.

Pharmacokinetic parameters were estimated by non-compartmental methods. The C_p-t profiles for amprenavir, rifabutin and 25-desacetyl rifabutin are shown in Figure 28 and the pharmacokinetic parameters are presented in Table 1.

Table 1. Mean (%CV) pharmacokinetic parameters of amprenavir and rifabutin

| COHORT 1 | Amprenavi | Amprenavir parameters | | Rifabutin parameters | | 25-desacetyl rifabutin parameters | |
|----------------------------|----------------------|-----------------------|-----------------------|----------------------|----------------------|-----------------------------------|--|
| | Treatment A (n = 12) | Treatment C $(n = 6)$ | Treatment B (n = 11) | Treatment C (n = 6) | Treatment B (n = 11) | Treatment C (n = 6) | |
| C _{max} , µg/mL | 9.32 (20) | 8.71 (24) | 0.40 (35) | 0.83 (23) | 0.032 (27) | 0.226 (9) | |
| T _{max} , h | 1.15 (43) | 1.08 (32) | 2.37 (25) | 3.41 (36) | 2.77 (30) | 3.00 (58) | |
| AUCss, µg.h/mL | 27.96 (19) | 22.13 (27) | 3.47 (24) | 9.52 (23) | 0.24 (27) | 2.77 (12) | |
| C _{min} , μg/mL | 0.39 (42) | 0.27 (25) | 0:0 6 (37) | 0.21 (22) | 0.002 (146) | 0.066 (32) | |
| CL _T /F, mL/min | 742 (22) | 967 (31) | <u>1510 (21)</u> | 543 (17) | ` , | ` , | |
| CL _R , mL/min | | • | 60.0 (25) | 53.5 (20) | | | |
| Ae(0-24h), mg | | | 12.2 (24) | 29.8 (16) | 1.76 (27) | 16.59 (16) | |

Reviewer's remarks: In presenting the results of this study, the Applicant has pooled amprenavir pharmacokinetic parameters from Cohorts 1 and 2. As a result, amprenavir pharmacokinetic parameters obtained after Treatment C were compared to those obtained from all 24 subjects who received Treatment A. However, for sake of clarity, this Reviewer has shown pharmacokinetic parameters from the 12 subjects enrolled in Cohort 1 in Table 1. It was noted that the mean values derived from 12 subjects in Cohort 1 are not different from the mean values (from 24 subjects) reported by the Applicant.

For amprenavir, the geometric LS mean ratios (Treatment 3: Treatment 1) for C_{max} and AUC were 0.93 (90% CI: 0.79 - 1.10) and 0.85 (90% CI: 0.72 - 1.00), respectively. After concomitant administration with rifabutin, the mean amprenavir C_{min} decreased by 15%. This decrease may be due to CYP 3A4 induction by rifabutin. Since data are not balanced, individual amprenavir C_{max} and AUC values are shown in Figure 29.

Co-administration of amprenavir had a statistically and clinically significant impact on the pharmacokinetics of rifabutin. Rifabutin C_{max} and AUC increased by 2.19- (90% CI: 1.82 - 2.64) and 2.93- fold (90% CI: 2.56 - 3.35), respectively. The renal clearance of rifabutin did not change when administered with amprenavir. Concomitant administration of amprenavir had a profound impact on the pharmacokinetics of 25-desacetyl rifabutin. The ratio of geometric LS means for the metabolite C_{max}, AUC and C_{min} were 7.39 (90% CI: 5.87 - 9.29), 13.35 (90% CI: 10.93 - 16.30) and 32.92 (90% CI: 26.6 - 39.2), respectively. The amount of 25-deacetly rifabutin eliminated in the urine increased by 10-fold upon concomitant administration with amprenavir. It is likely that the increase in rifabutin and 25-desacetyl rifabutin levels is due to inhibition of CYP 3A4 activity by amprenavir.

Amprenavir plus rifabutin treatment was poorly tolerated by subjects enrolled in the study. The adverse events reported by patients receiving amprenavir and rifabutin may be attributed to increased levels of rifabutin.

Agenerase NDA 21-007&21-039

Vijay Tammara

Prabhu Rajagopalan

Amprenavir - rifampin pharmacokinetic interaction

One subject (21 year old White male) withdrew from the study due to macropapular rash beginning the day after completing amprenavir treatment. The rash began in his forearm and spread to his hands, back, abdomen, legs and feet. There was no fever and the adverse event resolved without treatment after 9 days. This subject had no prior history of allergies. This adverse event was determined as being possibly related to the drug. Amprenavir AUC (25.1 µg.h/mL) in this subject was less than the average AUC value of 28.4 µg.h/mL.

Pharmacokinetic parameters were estimated by non-compartmental methods. The C_p-t profiles for amprenavir and rifampin are shown in Figure 30 and the pharmacokinetic parameters are presented in Table 2.

Table 2. Mean (%CV) pharmacokinetic parameters of amprenavir and rifampin

| COHORT 2 | Amprenavi | Amprenavir parameters | | Rifampin parameters | | 25-desacetyl rifampin parameters | |
|----------------------------|----------------------|-----------------------|----------------------|----------------------|----------------------|----------------------------------|--|
| | Treatment A (n = 12) | Treatment E (n = 11) | Treatment D (n = 11) | Treatment E (n = 11) | Treatment D (n = 11) | Treatment E (n = 11) | |
| C _{max} , µg/mL | 9.75 (31) | 3.10 (49) | 9.10 (42) | 9.05 (40) | 0.70 (29) | 0.66 (46) | |
| T _{max} , h | 1.10 (55) | 0.79 (38) | 1.50 (49) | 1.59 (39) | 2.22 (37) | 2.32 (20) | |
| AUCss, μg.h/mL | 28.43 (30) | 5.40 (39) | 29.26 (30) | 30.16 (38) | 3.12 (41) | 3.02 (46) | |
| CL _T /F, mL/min | 774 (35) | 4273 (43) | 371 (30) | 376 (36) | | ` , | |
| CL _R , mL/min | | , , | 18.98 (26) | 14.72 (21) | | | |
| Ae(0-24h), mg | | | 32.93 (38) | 25.66 (33) | 7.92 (40) | 6.53 (31) | |

When administered with rifampin, there was a statistically and clinically significant decrease in amprenavir C_{max} , AUC and C_{min} . These three pharmacokinetic parameters decreased by 70% (90 % CI: 0.24 - 0.38), 82% (90% CI: 0.16 - 0.22) and 92% (90% CI: 0.05 - 0.11), respectively. The resulting plasma amprenavir levels are considered sub-therapeutic and, therefore, it is recommended that rifampin should not be administered with amprenavir. Amprenavir did not have a significant impact on rifampin pharmacokinetics. Rifampin and 25-desacetyl rifampin pharmacokinetic parameters were virtually identical under Treatments 2 and 3.

Erythromycin breath test

The mean (%CV) erythromycin breath test values (% erythromycin metabolized per hour) for dosing cohorts 1 and 2 are given in the following table.

| | Screening | Amprenavir | RFB / RFP | RFB / RFP | Amprenavir + RFB / RFP | Follow-up |
|----------|-----------|----------------|-----------------|-----------------|------------------------|-----------|
| | | (Dosing Day 4) | (Dosing day 11) | (Dosing Day 18) | (Dosing Day 28 / 22) | |
| Cohort 1 | 2.54 (26) | 0.44 (44) | 4.73 (17) | 4.92 (22) | 0.65 (28) | 2.66 (20) |
| Cohort 2 | 2.08 (22) | 0.37 (39) | 3.43 (20) | 3.16 (15) | 1.68 (18) | 2.25 (20) |

Consistent with observations made in other studies, administration of amprenavir resulted in lower ERMBT values due to inhibition of CYP 3A4 by amprenavir. As expected, treatment with rifabutin and rifampin resulted in increased CYP 3A4 activity when compared to baseline (ERBMT values increased by 80 to 85% in the case of rifabutin and increased by 56 to 64% for rifampin). Significant decrease in mean ERMBT value, when compared to baseline values, was observed when treated with amprenavir

Agenerase NDA 21-007&21-039 Vijay Tammara Prabhu Rajagopalan and rifabutin, but values were only

and rifabutin, but values were only slightly reduced after treatment with amprenavir with rifampin. Erythromycin breath test did not predict clinically relevant drug interactions in this study.

Effect on WBC

It was observed that total white blood cell counts were affected by administration of rifabutin (Applicant points out that this is consistent with previous reports) and was exacerbated by addition of amprenavir. The mean WBC values (x 10³ / mm³) are shown below.

| | - |
|-----------------------------------|------|
| Baseline $(n = 24)$ | 5.98 |
| Amprenavir $(n = 24)$ | 6.22 |
| Rifabutin Day 11 (n = 12) | 4.75 |
| Rifabutin Day 18 (n = 11) | 3.88 |
| Amprenavir + rifabutin $(n = 10)$ | 3.24 |
| Follow-up $(n = 21)$ | 5.44 |

| Baseline (n = 24) | 5.98 |
|--------------------------------|------|
| Amprenavir (n = 24) | 6.22 |
| Rifampin Day 11 (n = 11) | 6.18 |
| Rifampin Day 18 (n = 9) | 5.73 |
| Amprenavir + rifampin (n = 11) | 5.11 |
| Follow-up $(n = 21)$ | 5.44 |

This was discussed with the Medical Officer and the Applicant has agreed to incorporate the following sentence in the label: "A complete blood count should be performed weekly and as clinically indicated in order to monitor for neutropenia in patients receiving amprenavir and rifabutin".

Conclusions: The results of this study indicate:

- (a) Co-administration of amprenavir and rifabutin results in a 15% decrease in amprenavir exposure and a clinically significant increase in rifabutin and 25-desacetyl rifabutin exposures. The combination treatment was poorly tolerated by subjects possible due to increased rifabutin levels. Concomitant administration of amprenavir and rifabutin should be avoided. When rifabutin is medically necessary, the Applicant recommends that the dose of rifabutin may be reduced by 50% when given with amprenavir. This is acceptable.
- (b) Co-administration of amprenavir and rifampin results in a clinically significant decrease in amprenavir concentrations and no change in rifampin pharmacokinetics. It is recommended that rifampin should not be administered with amprenavir.

APPEARS THIS WAY ON ORIGINAL **APPENDIX 2**

SECTION C DISSOLUTION

Reference is made to the CMC End-of-Phase II meeting held between representatives of the Division of Antiviral Drug Products and representatives of Glaxo Wellcome Inc on May 28, 1997.

As requested by Dr. Barbara Davit, Biopharmaceutics Reviewer, information is presented here regarding the dissolution method and proposed specification for Amprenavir Soft Gelatin Capsules, 50 mg and 150 mg. In addition, dissolution profile data for multiple batches used in clinical trials and in stability studies are presented.

The dissolution conditions for Amprenavir Soft Gelatin Capsules, 50 mg and 150 mg are listed below.

| Apparatus: | USP paddle apparatus (apparatus 2) | | | | |
|-----------------|------------------------------------|--|--|--|--|
| Medium: | | | | | |
| Stirring Speed: | _ | | | | |
| Temperature: | | | | | |

Amprenavir Soft Gelatin Capsules, 50 mg and 150 mg are liquid-filled soft gelatin capsules containing amprenavir drug substance fully solubilized in the fill solution. The dissolution of Amprenavir Soft Gelatin Capsules, 50 mg and 150 mg is primarily controlled by the dissolution of the gelatin capsule shell. Once the gelatin capsule shell dissolves, the fill contents containing the solubilized amprenavir drug substance are released. A stirring speed of is satisfactory to dissolve the gelatin capsule shell and disperse the fill solution, and represents a mild agitation condition as recommended in "Guidance for Industry, Dissolution Testing of Immediate Release Solid Oral Dosage Forms", CDER, August, 1997. In addition, the dissolution medium simulates physiological conditions without enzymes, as suggested in the same guidance document.

The proposed NDA dissolution specification for Amprenavir Soft Gelatin Capsules, 50 mg and 150 mg is Q = in 30 minutes. Please note that Glaxo Wellcome will discontinue the collection of dissolution profiles at the next stability timepoint and will only collect dissolution data at 30 minutes.

C1. BATCHES TESTED

Dissolution profiles have been collected for multiple batches used in clinical trials and for stability studies. All data were collected using the currently registered dissolution method, which utilizes ______ as the dissolution medium, paddles at _____ and ____ as the sample analysis technique. The fill formulation for batches of Amprenavir Soft Gelatin Capsules, 50 mg and 150 mg is provided in Table C1.

Table C1 Fill Solution Composition of Amprenavir Soft Gelatin Capsules, 50 mg and 150 mg

| Component | Quantity % w/w | Quantity/Dosage Unit for 50 mg (mg) | Quantity/Dosage Unit for 150 mg (mg) | Function |
|-------------------------------|-------------------|---|--|-------------------|
| Amprenavir | | 50 | 150 | Active Ingredient |
| TPGS PEG 400 Propylene Glycol | 1 | | | |
| Approximate Fill Weight | • | | | |

Results, as described in Tables C2 and C3, show complete and consistent dissolution at 30 minutes for all samples tested. Although dissolution at 15 minutes is essentially complete, capsule-to-capsule variability is observed in the 15-minute values. In addition, dissolution testing at 45 minutes does not provide a significant increase in dissolution over 30 minutes and does not provide additional scientific information or benefit. Therefore, a specification of Q = -at 30 minutes is proposed.

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Table C2 Dissolution Profile Data for Amprenavir Soft Gelatin Capsules, 150 mg

| | | | Average Percent A Dissolved (n | mprenavir = 6) |
|----------|--------------------|--------------------|-----------------------------------|---|
| Batch # | Description | Batch Use | 15 min 30 min | 45 min |
| SF060606 | 150 mg, Tampa | clinical | 1 | T |
| SF060608 | 150 mg, Tampa | clinical | | 1 |
| 031629/A | 150 mg | clinical | T | T , - |
| 031730/A | 150 mg | clinical | T - | |
| 031731/A | 150 mg | clinical | | |
| 031733/A | 150 mg | clinical | | T - |
| 031897/A | 150 mg | clinical | | T - |
| 032166/A | 150 mg, NDA | clinical/stability | | |
| 032166/A | 150 mg | clinical | | T - |
| 032168/A | 150 mg, NDA | clinical/stability | | |
| 032170/A | 150 mg, NDA | clinical | | |
| 032172 | 150 mg | clinical/stability | 1 | - - |
| 032175 | 150 mg | clinical | | T / - |
| 032176 | 150 mg | clinical | | |
| 032780 | 150 mg | clinical | 1 - | |
| 032781 | 150 mg | clinical | | 1 \ |
| 032783 | 150 mg | clinical | | T / . |
| E7402A | 150 mg | develop/stability | | |
| E7402A | 150 mg, MN1, 30/60 | develop/stability | | T ' |
| E7402A | 150 mg, MN1, 40/75 | develop/stability | | T - |
| E7402A | 150 mg, MN1, | develop/stability | T ' | |
| E7402A | 150 mg, MN1, F/T | develop/stability | T | T - |
| E7402A | 150 mg, MN3, 30/60 | develop/stability | T - | |
| E7402A | 150 mg, MN3, 40/75 | develop/stability | | |

No'a:

- 1. Samples are unprinted initials/release unless specified in the table. MN1 = 1 month and MN3 = 3 month
- Samples were manufactured at RP Scherer, Beinheim, France unless otherwise noted in the table.
 "NDA" refers to batches manufactured for NDA stability.
- "Tampa" refers to batches manufactured at RP Scherer, St. Petersburg, Florida facility. "Develop" refers to development scale batches.
- 5. "Develop" refers to develop6. F/T = freeze/thaw samples exposed 1. UV = UV Lightprotected.
- = Fluorescent Light ~
- 8. 25/60, 30/60, and 40/75 are sample storage temperature/percent relative humidity conditions.

Number of Pages Redacted 1



Confidential, Commercial Information

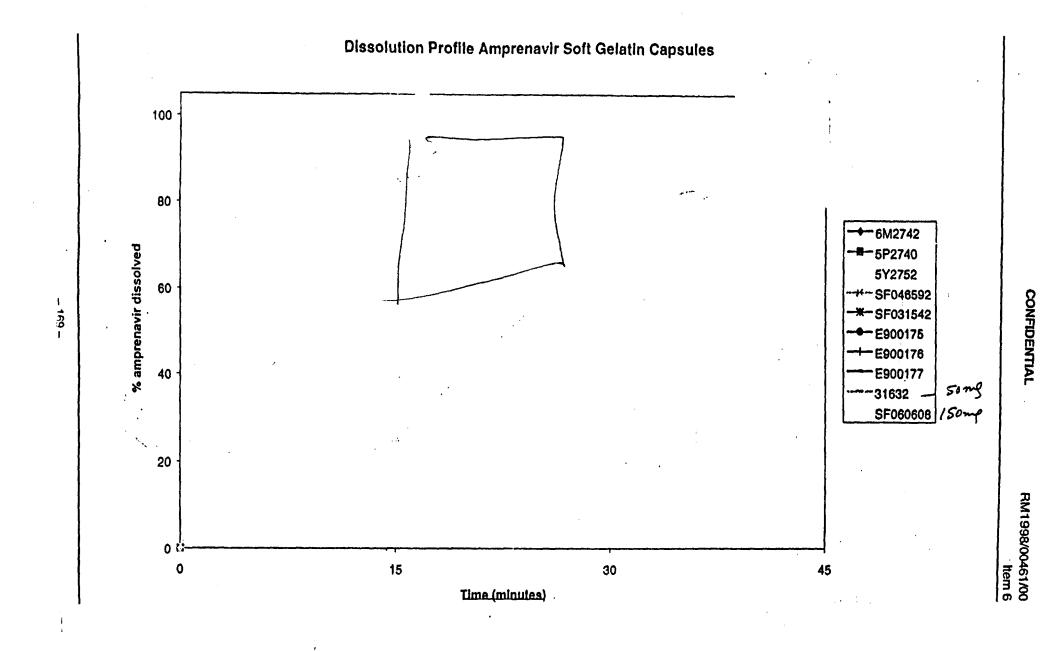


Table 2. Individual Pharmacokinetic Parameters of Amprenavir (PROA 1010)

| T | T | C | | dual Pharm | | | | | T | C | |
|-----------|------|------------------|----------------|------------|----------|----------------|----------------|----------|------------|--------------|---------------|
| Treatmen | Tmax | Cmax | | Treatmen | Tmax | Cmax | | Treatmen | Tmax | Cmax | AUCinf |
| 1 | (h)1 | (ug/mL) 13.05 | (ug*tvmL | | (h) | | (ug*h/mL) | 3 | (h) | | (ug*t/mL |
| | 1 | 10.72 | 45,34 29,71 | 2 | 0.8 | 10.16 14.56 | 28,24 31,97 | 3 | 2.5 | 5.81 4.98 | 17,67 |
| 1 | 2 | 6.18 | 20.29 | 2 | 0.8 1 | 14.50 | 17,59 | 3 | 2.5 2.5 | 2.31 | 21.01 |
| 1 | 1.5 | 10.7 | 51.66 | | 1 | 8.49 | 38.8 | 3 | 1.5 | 6.78 | 13.42 |
| 1 | 2 | 4.79 | 17.69 | | 1 | 5,54 | 17.33 | | 1.5 | 7.1 | 41.3 18.71 |
| 1 | 1.07 | 12.71 | 37 <u>.22</u> | | 1 | 12.95 | | | 1.5 | 7.3 | 24.0 |
| i | 1.07 | 6.54 | 27.01 | 2 | 0.8 | 9.29 | 21.95 | | 0.8 | 5.91 | 22.9 |
| 1 | 0.8 | 14.16 | 49.29 | 2 | 0.8 | 14.71 | 50.07 | | 1.5 | 10.29 | 36.3 |
| 1 | 1 | 5.51 | 16.84 | 2 | 0.8 | 5.92 | | | 1.5 | • 4.21 | 15.9 |
| 1 | 1 | 10.49 | 27.66 | | Q.5 | - 9.03 | | | 1 | 7.04 | 22.0 |
| 1 | 0.8 | 9.8 | 26.49 | | 1 | 8.42 | | | 0.5 | 6.01 | 17.2 |
| 1 | 2.5 | 7.59 | 26.49 | | 2 | 5.22 | | | 1.5 | 5 | |
| 1 | 3 | 7.99 | | • | 0.8 | 11.62 | | | 1.5 | 6.76 | |
| 1 | 2 | 7.64 | | | 1 | 10.9 | | | 1 | 6.21 | |
| 1 | 1.5 | 8.2 | | | 1 | 6.61 | | | 1.5 | 3.38 | |
| 1 | 1 | 9.48 | 33.01 | | 0.8 | 13.17 | | | 1 | 9.36 | |
| 1 | 1 | 10.53 | | | 0.8 | 9.72 | | | 2 | 4.33 | |
| 1 | 1.5 | 7.38 | | | 1 | 6.93 | | | 1.5 | 2.84 | |
| 1 | 0.8 | 12.3 | | | i | 10.52 | | | 2.5 | 5.88 | |
| 1 | 1 | 10.65 | | | 0.8 | | | | 1.5 | 3.94 | |
| 1 | 0.8 | 11.91 | | | 0.5 | | | | 1 | 7.12 | |
| 1 | 0.8 | 7.79 | | | 0.8 | | | | 1 | 5.56 | |
| 1 | 1.5 | 13.6 | | | 4 | 9.36 | | | . 3 | 11.04 | |
| 1 | 1 | 5.34 | - | | 0.8 | | | | 1 | 6.52 | |
| 1 | 1 | 9.08 | | | 8.0 | | | | 0.8 | 8.63 | |
| 1 | 1 | 6.29 | | | 0.8 | | | | 8.0 | 5.75 | |
| 1 | 2 | 7.74 | | | 1.5 | | | | 2 | 3.28 | |
| 1 | 1.5 | 9.67 | | | 8.0 | | | | 1 | 5.82 | |
| 1 | 1 | 7.84 | | | 1 | | | | 2 | 3.75 | |
| 1 | 1 | 11.87 | | | 1.5 | | | | 1.5 | 3.88 | - |
| 1 | 1.5 | 10.19 | | | 0.5 | | | | 2 | 17.43 | |
| 1 | 1 | 10.15 | | | 2.5 | | | | | 2.77 | |
| 1 | 1.5 | 9.96 | | | 1.5 | | | | | 7.39 | |
| 1 | 8.0 | 5.25 | | | 0.8 | | | | | 7.45 | |
| 1 | 2 | 8.56 | | | 8.0 | | | | | 3.11 | |
| 1 | 1 | 11.41 | | | 0.8 | | | | 0.8 | 11.39 | |
| Mean | 1.3 | 9.3 | 30.1 | <u> </u> | 1.1 | 9. | 8 28. | 1 | 1.5 | 6.3 | 3 21 |
| SD | 0.5 | 2.5 | 10.4 | | 0.6 | | | | 0.7 | 3.0 |) 11 |
| Geo. Mean | 1 | 8.9 | 28.4 | (| | 9. | 4 26. | 6 | | 5.7 | 7 19 |

Table 4. Individual Pharmacokinetic Parameters of Amprenavir (PROA 1011)

| Trestment | Tout | C=== | AUCled | AUCI | V2F | ع شنسي | Their | CLF | Saljea |
|--|--------------|----------------------|----------------|----------------|----------------|----------------|--------------|--------------------|--------------------------|
| | (4) | (444) | (~~~ | | (L) | (LA) | (4) | ((.)) | Humber |
| 4 X 150 mg 141 | 1.5 | 2.07 | 7,86 | 7,53 9,4 | 633 322 | 0.132 0.196 | 5.21 3.5 | 1365 1064 | 5317 534 0 |
| 4 X 150 mg 141 4 X 150 mg 141 | i I | 3.94 4.58 | 931 8,62 | 8.83 | 339 | 0.201 | 3.4 | 1132 | 5346 |
| 4 X 150 mg 141 | is | 1.96 | \$.27 | 5.34 | 702 | 0.144 | 4.0 | 1871 | 3347 |
| 4 X 150 mg 141 | 1 | 2.17 | 4.52 | 4.57 | 837 | 0.156 0.061 | 4,44 8,58 | 2179 1354 | \$34 t \$353 |
| 4 X 150 mg 141 | 0.75 0.75 | 47 2.02 | 7.17 4.77 | 2.39 4.96 | 1005 1436 | 0.064 | × | 3006 | 2354 |
| 4 X 150 mg 141 4 X 150 mg 141 | 13 | מב | 5.6 | 5.66 | 357 | 6,217 | 2,33 | 1768 | 22% |
| 4 X 150 mg 141 | 4.75 | 3.64 | LJ3 | LAI | 302 | 0.134 | 5,63 | 1153 763 | \$357 \$362 |
| 4 X 150 mg 141 | 0.75 | 5.69 6.31 | 12.54 9.16 | 9.41 | 454 540 | 4.114 | 6.7 6.09 | 1063 | \$343 |
| 4 % 150 mg 141 4 % 150 mg 141 | 0,75 0,5 | 3,25 | 5.07 | 5.16 | 847 | 0.131 | 5.29 | 1937 | 5334 |
| 4 X 150 mg 141 | 1 | 4.86 | D#I | 13,07 | 194 | 0,236 | 2.94 | 765 695 | 5341 5342 |
| 4 X 150 mg 141 | 2 | 3.37 3.53 | 13.7 &35 | 14.39 8.45 | 325 497 | 0.129 0.143 | 5.4 4.85 | 1184 | \$343 |
| 4 X 150 mg 141 4 X 150 mg 141 | ى | 6.2 4 | 9.91 | 11.24 | 878 | 0.061 | 11.39 | E90 | 5344 |
| 4 X 150 mg 41 | 1 | 4.82 | 13.65 | 13.73 | 122 | 4.233 | 2.90 | 729 870 | \$350 \$352 |
| 4 X 150 mg 141 | 4.5 | 6,64 | 11,42 8,87 | 11.49 9.06 | 257 490 | 0.182 0.135 | 3.81 5.13 | 1104 | 5355 |
| 4 X 150 mg 141 4 X 150 mg 141 | 1 | 4.13 2.4 | 4.74 | 5.64 | 2079 | 0.051 | 13.55 | 1772 | \$354 |
| 4 X 150 mg 141 | 0.75 | 6,82 | 15.21 | 15.40 | 245 | 0.159 | · · | 641 | 5359 |
| 4 X 150 mg 141 | 1.5 | 4.52 | 12.36 | 12.77 | 419 249 | 4.112 4.17 | 4.01 | 762 704 | \$361 \$364 |
| 4 X 150 mg 141 | 0.75 0.75 | 6,89 4,15 | 14.05 \$.85 | 1431 6.06 | 819 | 0.121 | 3.77 | 1650 | 5365 |
| 4 X 150 mg 141 84con | 1.0 | 4.4 | 9.1 | 9.4 | 415.6 | 6.1 | 3.6 | 1227.9 | |
| 50 | 0.4 | 1.6 | 3.4 | 3.5 | 437.5 | | 2.6 5.1 | 440% | |
| GM · | 1.0 | 4.1 | 8.5 | 1.5 | 506.7 | 1.0 | 3.1 | | |
| 12 X 50 mg 141 | 1.5 | 1.97 | 6.43 | 4.95 | 1064 | 8.061 6.105 | E.54 | 1409 | \$337 \$340 |
| 12 X 50 mg 141 12 X 50 mg 141 | 6.53 0.75 | 7,92 7,2 | 17.75 11.57 | 46.27 11.67 | 312 358 | 0.100 0.144 | 4.37 | 547 857 | 5340 5346 |
| 12 X 50 = 141 | 1.5 | 1.44 | 2.71 | 2.85 | 2300 | 0.072 | 7.57 | 3509 | 5347 |
| 12 X 50 mg 141 | 1 | 1.97 | 431 | 439 | 814 | 0.166 | 4.13 | 22.80 | \$348 |
| 12 X 50 mg 141 12 X 50 mg 141 | 0.75 £ | 4,94 2,54 | 6.61 3.99 | 6.88 4.12 | 1132 | 0.077 8.118 | 7 3.16 | 1453 2426 | 5353 5354 |
| 12 X 50 mg (4) | 0.75 | 3.61 | 6.0E | 6.15 | 611 | 0.16 | 434 | 1625 | \$354 |
| 12 X 50 mg 141 | • | 3.57 | 10.25 | 11,29 | 343 | 0.146 | 4.74 | 886 | \$357 |
| 12 X 50 mg 141 | 1 | \$35 5 <u>6</u> 7 | 12.44 9.59 | 12.5 9.76 | 263 490 | Ø.123 Ø.126 | برو ټکو | 800 16725 | 2063 2063 |
| 12 X 50 mg 41 12 X 50 mg 41 | خە | 6.42 | 7.46 | 7.65 | 173 | 4.105 | ພ | | 2338 |
| 12 X 50 mg 141 | 1 | 4.62 | 13.05 | 13.3 | 244 | 4.165 | 3.74 | 752 | \$341 |
| 12 X 50 mg 141 | 2 | 435 3.52 | 9.19 12.25 | 9.27 12.65 | 293 519 | 6.221 6.091 | 3.14 7.6 | 1079 789 | 23-0 |
| 12 X 50 mg 141 12 X 50 mg 141 | 1.5 1 | 434 | 7.68 | 125 | 1305 | | 12.5 | | 5344 |
| 12 X 50 mg (41 | i | 2.04 | 8.4 | 8.96 | 443 | 4.151 | (3) | | 5350 |
| 12 X 50 mg 141 | 0.75 | 431 | 11.24 | 11.39 | 369 | 6.14) | 4.83 | | 57.52 \$355 |
| 12 X 50 mg 141 12 X 50 mg 141 | 6.75 I | 5.2 2.6 | 10.59 35.6 | 40.25 4.15 | 421 1515 | 0.131 0.064 | 5.21 10.7 | | 5333 |
| 12 X 50 mg 141 | 6.75 | 3.64 | 7.8.1 | 7.92 | 267 | 0.284 | 2.44 | | |
| 12 X 50 mg 141 | | 6.65 | 15.8 | 16.15 | 284 | 0.131 | 33 | 619 | 5361 |
| 12 X 50 mg 141 12 X 50 mg 141 | 1 0.5 | 4.55 3.82 | 14.81 6.26 | 15.04 6.47 | 250 664 | 0.159 0.14 | 4.98 | | \$364 \$365 |
| Hem | 1.0 | 43 | •2 | 9.5 | 676.5 | | 5.9 | 1274.4 | |
| 20 | 0.4 | 1.2 | 3.9 | 3.9 | \$12.4 | | 2.5 | | |
| GM | 0.9 | 3.9 | 8.4 | 8.7 | \$41.7 | 7 ♦.1 | \$.5 | 1145.6 | |
| 40 mL X 15 mg/mL 14 40 mL X 15 mg/mL 14 | | 144 | 5.4 8.27 | 6.22 6.66 | 1186 707 | 0.0E1 | 1.57 7.07 | | 5337 5340 |
| 40 mL X 15 mg/mL 14 | | 3.01 | 6.79 | 4.24 | 607 | 0.144 | 4.63 | | 334 |
| 40 mL X 15 mg/mL 14 | | 1.79 | 3.97 | 4.17 | 1619 | | 7.84 | 2365 | \$347 |
| 40 mL X 15 mg/mL 14 40 mL X 15 mg/mL 14 | | 1.58 4.52 | 3.94 5.46 | 4.02 \$.75 | 850 850) | 0.176 0.07 | 3.95 9.90 | | 5346 5353 |
| 40 mLX IS my mL H | که ۱۱ | 2.6 | 4.19 | 40 | 1461 | | 7.51 | | 2324 |
| 40 mL X (5 mg/ml,)4 | | | 5.73 | 5.92 | 1054 | | 7.21 | | \$356 |
| 40 mL X 15 mg/mL 14 40 mL X 15 mg/mL 14 | | | £48 13.11 | 7,73 (3,74 | 1236 459 | 6,063 330,0 | 11.A 10.4 | | សព សព |
| 40 mL X IS market 14 | | | 7,67 | 8.14 | 806 | 9,092 | 7.54 | | 2343 |
| 40 mL X 15 mg/ml, 14 | | | 1.0 | 3.55 | 1927 | | 7.91 | | ЯH |
| 40 mL X 15 mg/mL 14 40 mL X 15 mg/mL 14 | | | 6,29 16,39 | 6.33 16.58 | 367 204 | 0.245 0.177 | 3.91 | | 5341 5342 |
| 40 mL X 15 mg/mL 14 | | 4.81 | 11.09 | 12.07 | 166 | 4.052 | 13.4 | | 5343 |
| 40 mL X (5 mg/mL)4 | | 3.43 | 621 | 4.95 | 1236 | 0.07 | 9.93 | 101 | \$344 |
| 40 mL X 15 mg/mL 14 40 mL X 15 mg/mL 14 | | | 527 1.77 | 5.35 7.96 | 520 755 | 0.216 0.1 | 3.21 6.97 | | \$350 CC |
| 40 mL X IS mg/mL 14 | | | £36 | 14,18 | 733 2716 | | 41.7 | | 2372 2323 |
| 40 mL X IS marked, 14 | 1 1.5 | 2.34 | 4.49 | 5.64 | 3054 | 0.035 | 19.9 | E 1765 | 5358 |
| 40 mL X 15 mg/mL 14 40 mL X 15 mg/mL 14 | | 4,89 | 13,78 | 14.1) | 446 | 6.071 | 7.65 | | 5359 |
| 40 mL X 15 mg/mL 14 | | 4,87 | 16.04 11.37 | 10_57 11_56 | 600 439 | 0.075 0.118 | 7.31 5.44 | | 5361 5364 |
| 40 mL X 15 mg/mL 14 | 1 4.75 | 1.59 | 4.27 | 471 | 103 | | 6.03 | | \$345 |
| Menn SD | 4.5 | 3.4 | 7.5 | 1.2 | I i lo | | 9.6 | 1479.2 | ! |
| GM GM | 63 67 | () 32 | 3.5 6.1 | 3.8 7.4 | 724.5 915.2 | | 6.9 7.3 | ens. | : |

Table 5. Individual Pharmacokinetic Parameters of Amprenavir by Race (PROA 1011)

| | | | | | | | | | Rece | Trestment | Tomas | Cmax | AUCinf | VZF | Thaif | CL/F |
|----------------|----------------------------------|---------|--------------|-------------|------------|--------------|------------------|---|-------|------------------------|-------------|-------------|---------------|--------------|-------------|---------------------|
| _ | _ | _ | _ | | | | ~- | | | | (h) | (eg/mL) | (ug*b/mL) | (L) | (h) | (aL/min) |
| Racc | Treatment | | Centr | AUCief | VZF | | CL/F (mL/min) | | White | 4 X 150 mg 141 | 0.5 | 3.25 | 5.16 | 827 | 5.29 | 1937 |
| B1_4 | 4 9 160 141 | (4) | | (ug~tv/mL) | (L) ED | (h) 5.27 | 1365 | | White | 4 X 150 mg 141 | 1 | 4.86 | 13.07 | 194 | 294 | 765 |
| Black Black | 4 X 150 mg 141 | 15 | 2.07 | 7.33 | 122 | 327 | 1064 | | White | 4 X 150 👡 141 | 2 | 3.87 | 14.39 | 325 | 5.4 | 695 |
| Black | 4 X 150 mg 141 | | 3.94 | 9.4 8.83 | 339 | 3.46 | 1132 | | White | 4 X 150 mg 141 | 1.5 | 3.53 | E.45 | 497 | 4.25 | 1184 |
| Black | 4 X 150 mg 141 | 1 15 | 4.58 1.96 | 5.34 | 337 762 | 443 | 1132 | | White | 4 X 150 mg 141 | | 6.24 | 11.24 | 878 | 1139 | 2 90 |
| Black | 4 X 150 mg 141 | 13 | | 4.59 | 837 | 4.44 | 2179 | | White | 4 X 150 mg 141 | ŧ | 4.82 | 13.73 | 188 | 2.98 | 729 |
| Black | 4 X 150 mg 141 | 0.75 | 2.17 6.7 | 7.39 | 1005 | 258 | 1354 | | White | 4 X 150 mg 141 | 0. 5 | 6,61 | 11.49 | 227 | 3.81 | E70 |
| Black | 4 X 150 mg 141 | 0.75 | 2.82 | 4.98 | 1436 | 8.26 | 2006 | | White | 4 X 150 mg 141 | | 4.13 | 9.06 | 490 | 5.13 | 1104 |
| Black Black | 4 X 150 mg 141 4 X 150 mg 141 | 1.5 | 23 | 5.66 | 357 | 211 | 1768 | | White | 4 X 150 mg 141 | 1 | 2.4 | 5.64 | 2079 | 13.55 | 1772 |
| Black | 4 X 150 mg 141 | 0.75 | 3.64 | 8.68 | 502 | 5.03 | 1152 | | White | 4 X 150 mg 141 | 0.75 | 6.82 | 15.43 | 245 | 436 | 648 |
| Bleck | 4 X 150 mg 141 | 0.75 | 5.69 | 12.77 | 454 | 6.7 | 713 | | White | 4 X 150 mg 141 | 1.5 | 4.52 | 12.79 | 419 | 6.19 | 782 |
| Black | 4 X 150 mg 141 | 0.75 | 6.31 | 9.41 | 560 | 6.09 | 1063 | | White | 4 X 150 mg 141 | 0.75 | 4.89 | 14.21 | 249 | 4.09 | 704 |
| Black | Mean | 1.0 | 3.8 | 7.7 ï | 656.3 | - 53 | 1430.8 -: | | White | 4 X 150 mg 141 | 0.75 | 4.15 | 6.06 | 119 | 5.73 | 1650 |
| | SD | 0.3 | 1.3 | 25 | 139.9 | 2.0 | 454.7 | • | | Mean | 1.0 | 41 | _ 1931 | 5613 | 5.2 | 1056.2 |
| | GM | 1.0 | 3.5 | נו | 581.4 | 5.0 | 1366.0 | | | , 50 | 0.4 | 1.4 | 3.6 | 516.7 | 3.1 | 448.1 |
| | GM | 1.0 | | | Jan. 1 | | | | | GM | 0.9 | 4.6 | 10.2 | 446.6 | 53 | 962.3 |
| Black | 12 X 50 mg 141 | 1.5 | 1.97 | 6.95 | 1064 | 8.54 | 1439 | | White | 12 X 50 mg 141 | 0.5 | 6.42 | 7.65 | 723 | 6.39 | 1301 |
| Black | 12 X 50 mg 141 | دد. | 7.92 | 18.27 | 312 | 6.59 | 547 | | White | 12 X 50 mg 141 | 1 | 4.62 | 13.3 | 244 | 3.74 | 752 |
| Black | 12 X 50 mg 141 | 0.75 | 7.2 | 11.67 | 358 | 4.83 | 857 | | White | 12 X 50 mg 141 | 2 | 435 | 9.27 | 293 | 3.14 | 1079 |
| Black | 12 X 50 mg 141 | 1.5 | 1.44 | 2.85 | 2300 | 7.57 | 3509 | | White | 12 X 50 mg 141 | 1.5 | 3.52 | 12.68 | 519 | 7.6 | 789 |
| Black | 12 X 50 mg 141 | 1 | 1.97 | 439 | 814 | 4.13 | 2280 | | White | 12 X 50 mg 141 | ı | 434 | 8.5 | 1305 | 12.81 | 1177 |
| Black | 12 X 50 mg 141 | 0.75 | | 6.88 | 1132 | 9 | 1453 | | White | 12 X 50 mg 141 | 1 | 2.04 | 8.96 | 443 | 4.59 | 1116 |
| Black | 12 X 50 mg 141 | 1 | 2.54 | 4.12 | 1231 | 5.86 | 2426 | | White | 12 X 50 mg 141 | 0.75 | 631 | 1178 | 369 | 4.85 | 878 |
| Black | 12 X 50 mg 141 | 0.75 | | 6.15 | 611 | 434 | | | White | 12 X 50 mg 141 | 0.75 | 5.2 | 10.85 | 421 | 5.28 | 922 |
| Black | 12 X 50 mg 141 | 1 | 3.57 | 11.29 | 363 | 4,74 | 226 | | White | 12 X 50 mg 141 | 1 | 2.6 | 6.15 | 1515 | 10.77 | 1625 |
| Black | 12 X 50 mg 141 | i | 5.35 | 12.5 | 263 | 3.8 | 800 | | White | 12 X 50 mg 141 | 0.75 | 3.64 | 7.92 | 267 | 244 | 1262 |
| Black | 12 X 50 mg 4 | , | 5.67 | 9.76 | 490 | 5.52 | 1025 | | White | 12 X 50 mg 141 | 1 | 6.65 | 16.15 | 284 | 53 | 619 |
| • | Mean | 1.0 | 4.1 | 1.6 | 812.5 | 5.9 | 1531.5 | | White | 12 X 50 mg (4) | 1 | 4.55 | 15.04 6.47 | 250 | 435 | 6 65 1546 |
| | SD | 0.5 | 2.2 | 4.6 | 604.9 | t.s | 890.3 | | White | 12 X 50 mg 141 Mean | 0.5 | 3.82 4.5 | 103 | 664 561.3 | 4.96 5.9 | 1056.8 |
| | GM | 0.9 | 3.6 | 7.5 | 650.7 | 5.7 | 1327.0 | | | \$D | 0.4 | 1.4 | 3.2 | 408.7 | 3.0 | 322.2 |
| | | | | • | | | | | | GM | 0.9 | 42 | 9.9 | 463.8 | 53 | 1011.6 |
| Black | 40 mL X 15 mg/mL 14 | 1.5 | 1.64 | 6.22 | 1186 | 8.53 | 1609 | | White | 40 mL X 15 mg/mi, 14 | | 2.64 | 3.55 | 1927 | 7.91 | 2816 |
| Black | 40 mL X 15 mg/mL 14 | 0.75 | 3.23 | 8.66 | 707 | 7.0 | 1155 | | White | 40 mL X 15 mg/mL 14 | | 1.12 | (J) | 387 | 2.83 | 1579 |
| Black | 40 mL X IS mg/mL 14 | 0.5 | 3.01 | 6.84 | 607 | 4.8 | 1454 | | White | 40 mL X 15 mg/mL 14 | | 5.25 | 16.58 | 204 | 3.91 | 603 |
| Black | 40 mL X 15 mg/mL 14 | 1 | 1.79 | 4.19 | 1619 | 7.5 | 2345 | | White | 40 mL X 15 me/mL 14 | | 4.81 | 12.07 | 966 | 13.47 | |
| Black | 40 mL X 15 mg/mL 14 | | 1.58 | 4.02 | 850 | 3.9 | 2489 | | White | 40 mL X 15 mg/mL 14 | 1 | 3.83 | 6.95 | 1236 | 9.93 | 1438 |
| Black | 40 mL X 15 mg/mL 14 | 0.5 | 4.92 | 5.75 | 1503 | 9.9 | E 1740 | | White | 40 mL X 15 mg/mL 14 | 1.5 | 113 | 5.35 | 520 | 3.21 | 1868 |
| Black | 40 mL X 15 mg/mL 14 | 0.5 | 2.6 | 4.42 | 1481 | 7.5 | 9 2265 | | White | 40 mL X 15 mg/mL 14 | 0.75 | 4.12 | 7.98 | 755 | 6.97 | 1252 |
| Black | 40 mi_ X 15 mg/mL 1 | L 0.5 | 4.02 | 5.92 | 1054 | 7.2 | 1 1689 | | White | 40 mL X IS mg/mL I4 | | 3.77 | 14.18 | | 47.77 | |
| 81ack | 40 mL X 15 mg/mL 1 | ده ، | 2.83 | 7.73 | 1230 | 41.4 | 3 1294 | | White | 40 mL X 15 mg/mL 14 | | 2.36 | 5.46 | 3054 | 19.98 | |
| Black | 40 mL X 15 mg/mL 1 | 6 0.7 | 5 5.3 | 13.74 | 659 | 10.4 | 16 728 | | White | 40 mL X 15 mg/mL 14 | | 4.89 | 14.23 | 446 | 7.65 | 675 |
| Black | 40 mL X 15 mg/mL 1 | 4 - 0.5 | 6.03 | 8.14 | 806 | 7.5 | | | White | 40 mL X 15 mg/mL 14 | ı | 4.07 | 10.57 | 600 | 7.33 | 946 |
| | Mem | 9.7 | 3.4 | 6.9 | 1065 | .0 7 | | | White | 40 mL X 15 mg/ml, 14 | | | 11,56 | 439 | 5.86 | 865 |
| | GZ | 0. | 1.5 | 2.8 | 365. | \$ 2. | 3 554.1 | | White | 40 mL X 15 mg/mL 14 | | | 4.71 | 1475 | 8.03 | 2123 |
| | GM | 0. | 7 3.0 | 4.5 | 1007 | 4 7. | 5 1549.5 | - | | Mess | 4.0 | 3.5 | 93 | 1148.1 | 11.1 | 1343.3 |
| | | | | | | | | | | SD | 0.3 | 1.2 | 43 | 949.9 | 11.9 | 662.1 |
| | | | | | | | | | | GM. | 0.7 | ນ | ເມ | \$43.9 | 8.0 | 1201.7 |
| | | | | | | | | | | | | | | | | |

Table 7. Individual Pharmacokinetic Parameters of Amprenavir (PROA 1007)

| | | | Welver wie | | · marinis | • | | Individual and Derrory Classic Lans do | વન્સીનેલ | | ed And Blood Call Concess |
|---------------------------------------|----------------------|--------|---|--|--|-----------------------|-------------------------------|--|---------------------|--------------------------|---|
| Wilson. | - | - C.74 | Ores September | - | 467 461 | ¢1/2 | 100 | | and free | MCI of | Cree - |
| ~~ | (1) | 44/-44 | day/act | (1/4 | <i>1</i> 44 | 41 | <u> </u> | @lood:Places_Radiacorbos | 4241 | 96.34 | 47 41 |
| 7.78 3.07 11.62 9.64 3.74 | 1.7 | 1001 | 3.37 | 0.074 | 907 1445 271 444 745 | 9.32 | 1.50 | | 4244 6289 | 42.31 63.61 73.41 | 63 64 64 54 65 74 69 64 |
| 3.47 | 3:3 | 3397- | 1.10- | 0.576 0.141 0.176 0.071 | 1446- | 4:11 — | 4.51 2.62 | | 6296 | \$1,44 | 8:8 |
| 1:44 | ¥:¿ | 1407- | 1:2:- | 9.17 | - Ei | 1:41= | 1:44 | | 6292 | 71.11 | 49.05 |
| 3.74 | 4.5 | 2475- | 3.57 1.54 1.64- 1.64- | 6.174 | 745 - | 1.31 | | • | | **,** | 54.31 |
| 14.14 | 1.1 | 744 | 3.93 | 4.155 | 372 | 4,44 | 1.74 | | | | 5 |
| | 4 | • | • | 6 | • | 6 | .6. | | | 90.051 | 43.344 |
| 3.44 | 9.66 | 1616.2 | 1.76 | - 9.14 | 727.17 | 3:41 3:27 49:57 | 1.34 0.51 | | ĊM | 5.324 | 45.244 3.765 6.874 46.194 36.34 |
| 45:47 | 6.71 | 43.47 | 41.66 | 33.74 | 37:16 | 41:41 | Mili | | strálos sta, | 77.959 | 66.191 |
| 2.11 | 1.10 | 1001.0 | 3.44 | 4,15 | 704,50 | 4.50 | 1.50 | | W | 99.951 13.11 64.31 | 36.3% 67.6% |
| 41.07 | 67.74 1.10 4.7 | 1313 | 44.96 1.44 1.10 9.73 2.31 1.34 | 0,14 0,05 33,76 0,15 0,15 0,194 0,13 0,05 0,26 | 722.17 412.37 51.10 104.50 291 1444 436.51 343.14 8154.0 | 4.50 3.57 9.32 | 34.16 1.50 6.33 2.62 | | - | | **** |
| 1-11 | 1.34 | 1142.1 | 2.11 | 4.11 | 634.ST | \$127 | | anc_Padiogerbes | 4207 | | 4.444 |
| 13.34 | 2:71 | 347.55 | 4:44 | 1:33 | 1111.72 | {:3 ; | | | 6266 6207 | | 4.34(we/mL) 3.44(we/mL) |
| | | ****** | | | ****** | •••• | | | 6389 6370 | | 2.07(up/aL1 |
| | • | | | | | | | | 6211 | | 7.07(up/aL) 4.35(up/aL) 2.41(up/aL) |
| | | | | | | | | | 4393 | | 6.43 (wy/od.) |
| | A | | | | | - | | and the state of t | • | | 4 |
| | | | | | | | | | Oteon . | | 3:35 |
| | | | | | | | | | CA/ 200 | | 2.13 |
| | | | | | | | | | Pedien | • | 37.91 6.46 |
| | | | | | | | | | Mia. | | 2.40 7.07 |
| | | | | | | | | | tur. | | 7.07 |
| | | | | | | | | | | | _4 |

| | Subject | Rect | ANCIAL INTERNAL | AMCLOUR (MFTh/WL) | (II | | (mm | 11/21 | (N) | (A) |
|--------------------|----------------|------|--------------------|----------------------|---------------|--------------------|---------------|----------------|----------------|------|
| Blend Radiocerben | 6707 | ~ | 32,33 | 25.79 | 24.3 | 109 | 4,41 | 0.416 | 24.73 | 1.54 |
| | 6746 | | 14.04 | 11.12 | 33.2 | 372 300 | 1:57 | 0.033 0.033 | 17.74 21.34 | 1.0 |
| | 6247 6270 | ¥ | 31.31 24.25 | 27.47 17.01 | 14.9 29.9 | 413 | 1.31 | 0.033 | 17.04 | 1.0 |
| | 2331 | | 73.63 | 6.76 | 11.3 | 2154 | 1.44 | 4.142 | 4.00 | 8.34 |
| | 6231 | ŭ | 24.31 | 29.75 | 17.3 | 411 | 4,02 | 0.034 | 44.45 | 1.5 |
| | • | | • | 4 | | • | . 6 | .4 | | ٠., |
| | Page 1 | | 23.29 | 16.07 | 22.94 | 530.00 | 3.49 | 8.85 9.65 | 17,84 6,61 | 1.3 |
| | 50 | | 9.16 | 0.95 | 21.05 | \$24.21 61.17 | 1.31 39.10 | 43.63 | 20.10 | 30.1 |
| | CVI median | | 40.26 34.26 | 44.52 | 19:75 | 411.54 | 4.13 | 4.01 | 11.11 | 1.5 |
| | Ria. | | 73:65 | 6.90 | 16.9 | 300 | 1.47 | 0.024 | 4,80 | 0.5 |
| | for a | | 23.31 | 27.47 | 32.9 | 1156 | 4.34 | 6.842 | 24,75 | 2.0 |
| | Crowctric Mean | | 21.27 | 16.33 | 22.25 | 467.7) | 3.31 | 0.04 | 14,00 | |
| | 95% CI (lawer) | | 12.52 | 9,40 26,34 | 16.68 | 467.7) 276.44 · | 3.25 | 0.02 | 21.42 | |
| | 254 CI (upper) | | 34.14 | 26.34 | 27.46 | 790.16 | 3.20 | ٧.٠٠ | | |
| riesne_Rediocerton | 6267 | | 37.44 | 21.47 | 20.2 | 267 | 4,62 | 0.057 | 13.42 | 1.5 |
| 1914 1441 414 | 6798 | - | 20.45 | 16,10 | 31.3 | 465 | 2.47 | 0.055 | 12.73 | 2.5 |
| | 6299 | * | 39.19 | 35.23 | 10.1 | 255 | 7.17 | 0.004 | 4.27 | 1. |
| | 6290 | • | 31.31 | 23.52 | 16.5 | 319 | 6.40 | 0.176 | 13.63 | i.: |
| | 4271 | • | 11.62 | 10.41 | 13:1 | 313 | 2.61 | 0,041 | 16.25 | · :: |
| | 4393 | - | 32,00 | 27,00 | 13.1 | | | | | 4 |
| | - | | . 6. | | | | | • | 10.27 | - 1. |
| | Person | | 36,76 | 24.16 | 15.65 | 414.61 227.32 | \$.34 2.15 | 0.03 | 3.46 | •: |
| | 50 | | 10.56 36.70 | 2.21 | 4,73 29,84 | 34.00 | 39.53 | 54.97 | 25.65 | 31. |
| | CV7 medion | | 31:44 | 39.34 26.66 | 15.40 | 316.00 | 4.51 | 0.6: | 11.47 | 1. |
| | Min. | | 11:62 | 10.41 | 10.1 | 255 | 2.42 | 0.952 | 3.73 | 1. |
| | | | 39,19 | 10.41 35.21 | 21.3 | 846 | 7.12 | 4,176 | 13.42 | 2. |
| | Cometric Hase | | 26.61 | 22.34 | 15.24 | 375.70 | 4.9) | 6.07 | 7.51 | |
| | 954 CI (lawer) | | 16.44 | \$3.03 | 11.00 | 211.77 | 2.95 | | 5.80 | |

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Individual and Summery deciminary of Andioneticity as Purpose of Same Gram Orien and Fuera with Yoral Security

6. Same
recommed Subj 6-1. 1-6. 5-17 33-18 36-72 73-96 56-126 228-127 248-127 317-716 years

recommed Subj 6-1. 1-6. 5-17 33-18 36-72 73-96 56-126 228-127 317-716 years

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Table 8

| Plasma Ampromovir Pharmacokinetic Parameter Values at me Z 3 | Places | Ampronavir | Pharmocokinetic | Personter | Values | 28 | -2 | 3 | 5 |
|--|--------|------------|-----------------|-----------|--------|----|----|---|---|
|--|--------|------------|-----------------|-----------|--------|----|----|---|---|

| Subject | Cohort | AUCas (h. mg/mL) | Cave, se (ug/mL) | (min, so (wg/ail) | Cmax, 88 (ug/mL) | CLIT. so | AUCse/AUCsnf | tmex, se (k) |
|---------|-------------|---------------------|---------------------|----------------------|---------------------|----------|--------------|-----------------|
| 1 | 300 BID | 5.76 | 0.48 | 0.11 | 3.34 | 968 | 9.997 | 0.75 |
| 2 | 300 BID | 11.74 | 0.70 | 0.13 | 4.62 | 426 | 1.135 | 1.50 |
| 3 | 306 BID | 6.00 | 0.50 | 0.10 | 2.35 | 433 | 1.213 | 1.00 |
| • | 300 BID | 4.66 | 0.33 | 0.05 | 2.27 | 1073 | 0.715 | 1.50 |
| 5 | 300 BID | 3.54 | 0.30 | 0.10 | 1.21 | 1412 | 0.814 | 1.75 |
| 11 | 300 Bip | 1.73 | 0.14 | 0.01 | Į.10 | 2667 | 0.523 | 1.50 |
| 14 | 300 815 | . 5.83 | 0.47 | 0.07 | 2.49 | 858 | 1.592 | 1.00 |
| 15 | 300 BID | . 1.93 | 0.16 | 0.03 | 1.01 | 2509 | 8.997 | 1.50 |
| 17 | 300 810 | 4.05 | 0.34 | 0.05 | 2.12 | 1235 | 1.911 | 0.75 |
| 25 | 306 AID | 4.34 | 0.54 | #.11 | 1.95 | 1153 | 0.571 | 1.00 |
| 26 | 300 TID | 3.53 | 0.44 | 0.00 | 1.40 | 1414 | 0.376 | 1.50 |
| 27 | 300 TID | 3.39 | 0.42 | 0.05 | 2.21 | 1476 | | 1.00 |
| 29 | 300 TID | 8.76 | 1.17 | Ø.41 | 3.61 | 554 | 1.043 | 1.75 |
| 32 | 300 TID | 5.47 | 4,68 | 0.14 | 1.81 | 323 | 1.295 | 1.53 |
| 33 | 300 TID | 1.91 | 0.24 | 4.06 | 0.94+ | 2618 | 0.912 | 0.98 |
| 34 | 300 TID | 3.97 | 0.50 | 0.09 | 1.87 | 1260 | ●.511 | 1.02 |
| 33 | G1T 80E | 4.59 | 0.57 | 0-11 | 2.50 | 1090 | | 1.00 |
| 37 | 300 TID | 3.41 | 0.43 | 0.08 | 1.50 | 1466 | 0.823 | 1.46 |
| 49 | 900 810 | 7.15 | 0.60 | 0.08 | 3.53 | 2097 | 1.344 | 3.90 |
| 51 | 900 BID | 12.56 | 1.05 | 0.07 | 7.47 | 1194 | 1.323 | 3.00 |
| 57 | 300 BID | 11.61 | 0.98 | 9.50 | 2.30 | 1270 | | 3.98 |
| 63 | 900 BID | 13.82 | 1.15 | 0,14 | 5.23 | 1006 | 0.636 | 1.00 |
| 64 | 900 810 | 21.37 | 0.95 | 0.19 | 4.54 | 1319 | 0.972 | 1.00 |
| 65 | 900 BID | 13.80 | 1.15 | 0.21 | 3.99 | 1087 | 0.724 | 2.50 |
| 73 | 1200 BID | 32.95 | 2.75 | 0.51 | 9.81 | 607 | 0.603 | 1.30 |
| 75 | 1300 BID | 3.02 | 0.25 | 0.12 | 0.92 | 6621 | 0.382 | 0.75 |
| 86 | 1200 BID | 13.90 | 1.16 | 0.29 | 4.23 | 2439 | ●.663 | 2.00 |
| | 1200 BID | 16.15 | 1.35 | 8.21 | 4.63 | 1234 | 0.554 | 3.43 |
| 27 | 1200 810 | 26.31 | 2.19 | 0.20 | 7.23 | 760 | 9.417 | 2.00 |
| 97 | 1050 BID | 17.43 | 1.45 | 0.29 | 6.37 | 1004 | 0.330 | 1.30 |
| 70 | 1050 BID | 27.53 | 2.29 | 0.59 | 1.04 | 636 | 0.852 | 0.75 |
| 99 | 1020 BID | 14.97 | 1.25 | 8.30 | 7.51 | 1169 | 0.607 | 8.55 |
| 100 | 1050 BID | 20.27 | 1.69 | 8.26 | 7.46 | 863 | 0.519 | 2.48 |
| 101 | 1050 010 | 29.97 | 2.50 | 9.67 | 12.07 | 584 | 0.718 | 0.85 |
| 109 | 1050 BID | 10.77 | 0.90 | 0.12 | 5.57 | 1524 | 0.854 | 1.90 |
| 110 | 1050 BID | 20.86 | 1.74 | 0.27 | 9.41 | 837 | 0.739 | 6.50 |
| 112 | 1050 BID | 21.11 | 1.76 | €.34 | 7.30 | 829 | 9.358 | 1.00 |
| 113 | 1050 BID | 10.13 | 0.84 | 6.14 | 5.42 | 1727 | 0.456 | 0.95 |
| 133 | 900 BID-ARC | 30.41 | 2.53 | 0.57 | 12.70 | 413 | | 1.50 |
| 135 | 900 BID-ABC | 8.65 | 0.72 | 0.15 | 3.73 | 1735 | | 1.50 |
| 137 | 900 BID-ABC | 16.99 | 1.25 | 0.14 | 6.81 | 1901 | | 2.50 |
| 136 | 900 BID-ARC | 12.13 | 1.01 | 0.14 | 4.62 | 1237 | | 2.90 |

Table 9. Individual Pharmacokinetic Parameters of Amprenavir and Indinavir after single oral dosing (PROA 2001)

Pharmacokinetic Parameters of Amprenavir and Indinavir After Single Oral Dosing (Phase IA)

| Amprenavir | | | | | | | |
|---------------------|---------------------------------|------|--------------|--|--|--|--|
| Subject | NO.W. | _ | AUC | | | | |
| 303 | 3.5671 | | 13.50 | | | | |
| 305 | 8.2797 | 0.75 | 26.98 | | | | |
| 306 | 8,4244 | 0.75 | 33.23 | | | | |
| 307 | 6.4855 | 2 | 23.63 | | | | |
| 308 | 8.2071 | 3 | 24.60 | | | | |
| 310 | 5.5270 | 3 | 26.79 | | | | |
| 311 | \$.0631 | 2.5 | 23.36 | | | | |
| 312 | 7.8335 | 0.75 | 21.14 | | | | |
| 315 | 8.1905 | 1 | 35.40 | | | | |
| 317 | 8.4509 | 1.5 | 32.90 | | | | |
| 318 | 5.6437 | 25 | 20.31 | | | | |
| 319 | 8.2357 | 0.5 | 19.42 | | | | |
| Mean | 7,1607 | 1,44 | 25.32 | | | | |
| 50 | 1,3671 | 0.85 | 6.24 | | | | |
| Median | 8.0120 | 1.00 | 24.22 | | | | |
| 6Airt | 5.0831 | 0.50 | 13.90 | | | | |
| Max | 8.4509 | 3.00 | 35.40 | | | | |
| CV % | 19.1 | 58.9 | 24.6 | | | | |
| 95% CI | | | 21,36, 29,29 | | | | |
| Reference 1 (norm | akted mean") | | 12.78 | | | | |
| Mean ratio | Mean ratio | | | | | | |
| Parlemence 2 (norma | Patierance 2 (normalized mean*) | | | | | | |
| Mean ratio | | | 1.16 | | | | |

| Subject | - | - | AUC |
|------------------|------------|------|-------------|
| | potent | | MO/WITH |
| 303 | 3.075 | 7 | 5.15 |
| 305 | 7.804 | 0.75 | 17.00 |
| 306 | 7.058 | 0.75 | 13.57 |
| 307 | 6.658 | 0.75 | 15.75 |
| 306 | 9.016 | 0.75 | 16.21 |
| 310 | 3.290 | 1 | 9.40 |
| 311 | 4.286 | 0.75 | 10.81 |
| 312 | 9.823 | 0.75 | 19.67 |
| 315 | 6.094 | 0.75 | 12.93 |
| 317 | 1.943 | 0.75 | 4,47 |
| 318 | 1.432 | 0.75 | 224 |
| 319 | 5.546 | 0.75 | 6.96 |
| Mean | 5.502 | 0.79 | 11.18 |
| \$D | 2.773 | 0.10 | 5.59 |
| Median | 5.820 | 0.75 | 11.27 |
| Min | 1.432 | 0.75 | 2.24 |
| Max | 9.523 | 1.00 | 19.67 |
| CV % | 49.6 | 12.3 | 49.9 |
| 95% CI | 3.77, 7.24 | | 7.63, 14.73 |
| Reference (mean) | 7.17 | | 17.11 |
| Mean ratio | 0.77 | | 0.65 |

Reference 1; PROA1002, 900 mg Reference 2: PROA1001, 900 mg

* mean AUC_{6-bn} has been normalized to an 800 mg dose

Table 10. Individual Pharmacokinetic Parameters of Amprenavir at Steady-State (PROA 2001)

| Subject | Combination | C | L | C | AUC _m | CLF |
|---------|-------------|--------|----------|-----------------|------------------|--------|
| | | pgmt. | h | ag/mL | pg/mLh | mL/min |
| 303 | APV + SOV | 2.495 | 2 | 1,2343 | 9.50 | 1403 |
| 305 | APV + NFV | 9.129 | 0.5 | 0.795 | 16.65 | 707 |
| 306 | APV | 5.596 | 1 | 0.2080 | 14.07 | 948 |
| 307 | APV + IDV | 8.763 | 0.75 | 0.5388 | 23.09 | 578 |
| 206 | APV + NFV | 4.198 | 2.0 | 0.657 | 12.18 | 1095 |
| 312 | APV | 9.905 | • | 0.7783 | 27.97 | 477 |
| 315 | APV | 5.808 | 1.5 | 0.1947 | 12.05 | 1107 |
| 317 | APV+ NFV | 4.319 | • | - | 20.24 | 659 |
| 318 | APV + IOV | 9.789 | ₹ " | 0.5296 | 31.66 | . 421 |
| 319 | APV + SQV | 2.706 | 1.5 | 0.2653 | 12.06 | 1106 |
| 322 | APV • NFV | 6.833 | 0.5 | 0.452 | 11.29 | 1162 |
| 323 | APV | 14.915 | 0.5 | 0.4302 | 25.61 | S21 |
| 324 | APV - 10V | 7.148 | 1 | 0.3504 | 23.96 | 556 |
| 225 | APV + SQV | 4.791 | 1.5 | 0.1517 | 13.57 | 975 |
| 329 | APV + EDV | 6.758 | 1.07 | 0.1211 | 17.33 | 769 |
| 341 | APY + KOY | €.#78 | 0.75 | 0.3478 | 22.46 | 594 |
| 342 | APV + EDV | 7.574 | • | 02413 | 10.71 | 1244 |
| 346 | APY + SOY | 7.256 | 0.5 | 0.3717 | 11,99 | 1112 |
| 353 | APV . SOV | 6.832 | 0.5 | 0.3081 | 10.79 | 1236 |
| 355 | APV . NEV | 5.358 | • | 1.300 | 18.74 | 712 |
| 256 | APV . NFV | 6.157 | 1.25 | 1.791 | 22.58 | 591 |
| 258 | APV | 5.026 | 2 | 0.0694 | 9.25 | 1441 |
| 360 | APV | 9.463 | 0.63 | 0.6494 | 21.35 | 624 |
| 362 | APV + EDV | 9.400 | • | 0.8358 | 20.09 | 6G4 |
| 363 | APV + SOV | 3 168 | 1 | 0.0858 | 7.86 | 1695 |
| 364 | APY - SOV | 3.432 | 1 | 0.2065 | E.95 | 1490 |
| 364 * | APV - IOV | 5.276 | 0.5 | 0.3431 | 18.47 | 722 |
| 369 ° | APV + IDV | £ 763 | 1.5 | 0.6051 | 23.22 | 574 |
| 365 | APV | 3.243 | 3 | 0 <i>.22</i> 73 | 6.62 | 1512 |
| 372 ° | APV | 3.759 | 1 | 0.2974 | 10 73 | 1242 |
| | | | | | | |

Contd... Table 10. Individual Pharmacokinetic Parameters of Indinavir, Saquinavir, and Nelfinavir at Steady-State (PROA 2001)

800 mg indinavir TID + 800 mg amprenavir TID

| ndiravir | | | | | |
|---------------------|-----------|------------|------------|--------------|-----------|
| | حـــــ | | C | AUC_ | CL/F |
| | pagemit. | • | potent | pagame_h | ent/min |
| 307 | 6527 | 0.75 | 0.129 | 1213 | 1516 |
| 318 | 7.208 | 1 | 0.137 | 14,01 | 952 |
| 324 | 8.244 | 0.75 | 0.099 | 19.11 | 698 |
| 329 | 7.638 | 1.07 | 0.035 | 15.11 | 853 |
| 341 | 6.735 | 0.75 | 0.163 | 12.86 | 1037 |
| 342 | 6.435 | | 0.197 | 10.05 | 1327 |
| 362 | 7.137 | 0.75 | 0.132 | 12.04 | 1107 |
| 364 | 4.904 | 0.5 | 380.0 | 7.70 | 1733 |
| 369 | 8.092 | 1 | 0.192 | 18.69 | 713 |
| Mean | 7.013 | 0.84 | 0.130 | 13.63 | 1052 |
| SO | 1.031 | 0.19 | 0.052 | 3.70 | 321 |
| Median | 7.137 | 0.75 | 0.132 | 13.13 | 1016 |
| Adm. | 4.304 | 0.5 | 0.035 | 7.70 | 698 |
| Max | 8.244 | 1.07 | 0.197 | 19,11 | 1733 |
| CV% | 14.7 | 22.2 | 39.7 | 27.1 | 30.5 |
| 95% CI | 6.22 7.81 | 0.70, 0.98 | 0.09, 0.17 | 10.79, 16.47 | 805, 1298 |
| Heierence | 8.582 | 0.8 | 0.179 | 21.85 | 610 |
| Patio | 0.78 | 1.05 | 0.73 | 0.62 | 1.72 |

800 mg saquinavir TID + 800 mg amprenavir TID

| Saquinavir | | | | • | |
|------------|------------|------------|------------|------------|-----------|
| | Carres | | C. | AUC | CLF |
| | #g/mL | h | mg/mt. | pg/mLh | ant./min |
| 303 | 0.918 | | 0.0744 | 2.566 | 5196 |
| 319 | 3.010 | 1.5 | 0.2235 | 6.702 | 1989 |
| 325 | 2.450 | 2 | 0.0688 | 5.852 | 2278 |
| 346 | 0.614 | 0.83 | 0.0377 | 1.027 | 12985 |
| 353 | 0.221 | 0.5 | 0.0139 | 0.425 | 31396 |
| 363 | 0.462 | 0.75 | 0.0285 | 0.649 | 20554 |
| 364 | 0.360 | 1 | 0.0512 | 0.856 | 15577 |
| Mean | 1,148 | 1.4 | 0.0711 | 2,552 | 12854 |
| SD | 1.114 | 0.9 | 0.0705 | 2.629 | 10794 |
| Median | 0.614 | 1.0 | 0.0512 | 1.027 | 12985 |
| g.dim | 0.221 | 0.5 | 0.0139 | 0.425 | 1989 |
| Max | 3.010 | 3.0 | 0,2235 | 6.702 | 31396 |
| CV% | 97,1 | 64.3 | 99.2 | 101.8 | 84.0 |
| 95% CI | 0.12, 2.18 | 0.56, 2.18 | 0.01, 0.14 | 0.15, 5.01 | 2871.2283 |
| Reference | 0.9495 | 2 | 0,137 | 3.206 | 4159 |
| Ratio | 1.21 | 0.68 | 0.52 | 0.81 | 3.09 |

750 mg nelfinavir TID + 800 mg amprenavir TID

| | Comment | - | C | AUC | CLF |
|-----------|------------|---------|------------|--------------|-----------|
| | mily.mr | h | pg/mL | #g/mLh | (mL/min |
| 305 | 2.77 | 3.08 | 1.70 | 18.57 | 673 |
| 308 | 3.35 | 3 | 1,68 | 18.06 | 691 |
| 317 | 5.8 | 4 | 3.62 | 35.86 | 348 |
| 322 | 1,72 | 4 | 0.82 | 10.12 | 1235 |
| 355 | 4.46 | 5 | 1.75 | 22.35 | 559 |
| 356 | 3.36 | ·· 3.25 | 0.44 | 15.18 | 823 |
| Mean | 3.58 | 3.72 | 1,70 | 20.03 | 722 |
| SD | 1.41 | 0.77 | 1.17 | 8.76 | 298 |
| Median | 3.36 | 3.63 | 1.60 | 18.33 | 682 |
| Man. | 1.72 | 3 | 0.44 | 10.12 | 348 |
| Max | 5.80 | 5 | 3.82 | 35.88 | 1235 |
| CA: | 39.4 | 20.6 | 68.5 | 43.8 | 41.2 |
| 55% CI | 2.10. 5.05 | | 0.47, 2.93 | 10.83. 29.23 | 409, 1034 |
| ielerence | 3.18 | | 1,49 | 17.4 | 718 |
| Raneo | 1.12 | | 1,14 | 1.15 | 1.00 |

| 45-Nellinavir | | | - | | |
|---------------|-------|------|-------|------------------------------|------------------------|
| | #9/mL | | POML | ,AUC _{es} µg/mLh | AUC ₁₀₀ AFV |
| 305 | 0.242 | 1.53 | 0.120 | 1.51 | 0.081 |
| 306 | 0.215 | 4 | 0.080 | 1.01 | 0.056 |
| 317 | 0.442 | 5 | 0.298 | 2.83 | 0.079 |
| 372 | 0.36 | 5 | 0.163 | 2.03 | 0.201 |
| 355 | 1.03 | 5 | 0.224 | 3.97 | 0.178 |
| 356 | 0.561 | 4.25 | 0.044 | 1.95 | 0.128 |
| Llean | 0 48 | 4.13 | 0.155 | 222 | 0.120 |
| SO | 0.30 | 1.35 | 0.094 | 1.05 | 0.059 |
| Median | 0.41 | 4.63 | 0.141 | 1.99 | 0.105 |
| Min | 0.22 | 2 | 0.044 | 1.01 | 0.056 |
| u. | 1.03 | 5 | 0.30 | 3.97 | 0.201 |
| CV# | 62.5 | 32.6 | 60.9 | 47.5 | 48.8 |

Table 11. Individual Pharmacokinetic Parameters of Amprenavir in Pediatrics After Single Dose (PROA 1006)

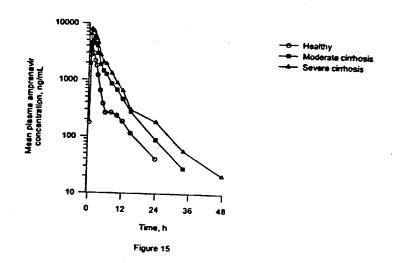
| L14E1 | ed or | Lue Lare Co | DKIMETIC | Leismerel | AWT | 100 |
|-------|-------|-------------|----------|-----------|-----|-----|
| AUC- | ADC | | | | | |
| 7-2 | | | | | | |

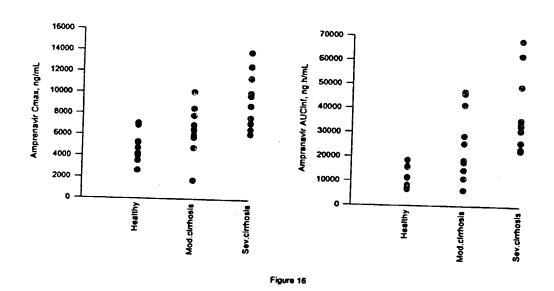
| | | | | | AUC | . VDC - | | | · · · · · | | | | | | | |
|------|-------------------------|------------------------|---------------------|-----------------------|---------------------|----------------------|-------------------|--------------------|--------------|-----------------|----------------------|-------------|--------------|---------------|-----------------|---------------|
| Subj | Study Treat -ment | Body Weight (kg) | Dose (mg/ kg) | Total Dose (mg) | inf (mg/ L.h) | last (mg/ L.h) | AUC ext (%) | Cmax (mq/ L) | t1/3 (h) | Lambda (1/h) | CL/F (mL/ min) | VE/F | tmax (h) | Satio Cmex | Ratio AUCinf | Ratio Dose |
| 651 | 5 mg 10 mg | 39.7 40.3 | 5.04 9.93 | 200 400 | 5.89 13.79 | 5.77 12.30 | 2.02 10.81 | 4.53 6.71 | 5.9 15.0 | 0.117 0.046 | 566 483 | 291 629 | 1.50 | 1.48 | 2.34 | 2.00 |
| 652 | 5 mg 10 mg | 21.9 21.5 | 4.57 10.47 | 100 225 | 2.56 3.45 | 2.42 3.67 | 5.75 4.67 | 2.39 3.24 | 5.6 6.9 | 0.119 0.101 | 650 924 | 327 579 | 1.00 | 1.35 | 1.50 | 2.25 |
| 653 | 3 mg 10 mg | 24.4 25.2 | 5.17 9.92 | 125 250 | 4.21 3.82 | 3.91 3.72 | 7.01 2.79 | 3.10 3.43 | 16.3 4.5 | 0.042 0.153 | 495 1090 | 700 426 | 0.93 1.00 | 1.11 | 0.91 | 2.00 |
| 654 | 5 mg | 29.1 30.7 | 5.15 9.77 | 150 300 | 4.61 10.48 | 4.09 10.31 | 11.29 2.57 | 2.95 5.91 | 9.6 | 0.072 0.112 | 543 477 | 450- 255 | 1.05 | 2.00 | 2.20 | 2.00 |
| 655 | 5 mg 10 mg | 25.6 26.0 | 4.88 9.62 | 125 250 | 2.10 6.86 | 2.15 6.68 | 1.20 2.70 | 2.66 6.39 | 1.3 | 0.556 0.081 | 957 607 | 103 452 | 0.50 0.50 | 2.40 | 3.15 | 2.00 |
| 658 | 5 mg 10 mg | 34.7 34.1 | 3.04 10.26 | 175 350 | 3.94 17.15 | 2.98 17.05 | 24.39 0.60 | 1.98 9.97 | 17.4 4.8 | 0.040 0.144 | 740 340 | 1118 141 | 0.50 1.00 | 5.04 | 4.35 | 2.00 |
| 659 | 5 mg | 28.1 28.3 | 5.34 9.72 | 150 275 | 3.60 10.91 | 3.27 10.00 | 9.10 1.08 | 3.76 6.73 | 4.6 | 0.145 0.156 | 694 420 | 288 162 | 0.50 0.50 | 1.79 | 3.03 | 1.83 |
| 660 | 5 mg 10 mg | 24 .2 23 .6 | 5.17 10.59 | 125 250 | 5.50 21.24 | 5.22 21.18 | 6.41 0.27 | 3.02 14.54 | 0.4 1.7 | 0.083 0.420 | 373 196 | 270 28 | 1.50 | 4.,82 | 3.80 | 2.00 |
| 662 | 15 mg 20 mg | 25.0 25.3 | 15.00 19.76 | 375 500 | 13.49 15.23 | 13.30 14.24 | 1.40 6.50 | 8.76 5.85 | 5.5 8.1 | 0.125 0.085 | 463 547 | 222 384 | 0.50 2.00 | 0.67 | 1.13 | 1.33 |
| 663 | 15 mg 20 mg | 23.3 22.6 | 15.02 19.91 | 350 450 | 18.59 44.37 | 15.68 41.67 | 15.65 6.08 | 6.28 6.52 | | 0.038 | 314 169 | 493 100 | 4,00 | 1.04 | 2.39 | 1.29 |
| 681 | 5 mg 10 mg | 16.1 19.1 | 5.52 10.47 | 100 200 | 12.25 4.65 | 11.98 4.31 | 2.21 7.32 | 5.26 2.14 | 2.7 3.5 | 0.257 0.200 | 136 717 | 215 | 1.00 1.50 | 0.41 | 0.35 | 2.00 |
| 682 | 5 mg 10 mg | 21.5 21.1 | 4 .65 9 .48 | 100 200 | 12.00 1.46 | 11.87 1.36 | 1.14 7.02 | 8.36 1.56 | 2.0 6.7 | 0.340 0.103 | 139 2276 | 25 1321 | 1.03 0.50 | 0.19 | 0.13 | 2.00 |
| 683 | 15 mg 20 mg | 19.5 19.2 | 15.38 19.53 | 300 375 | 9.86 28.71 | 9.61 27.30 | 2.60 5.24 | 6.13 19.53 | 6.8 12.0 | 0.101 0.058 | 507 218 | 300 227 | 1.00 | 3.18 | 2.91 | 1.25 |
| 684 | 15 mg 20 mg | 62.1 62.6 | 14.90 19.97 | 925 1250 | 32.10 46.76 | 27.70 38.88 | 13.72 16.86 | 13.32 13.67 | 13.2 17.7 | 0.053 0.039 | 480 446 | 548 683 | 2.05 1.50 | 1.03 | 1.46 | 1.35 |
| 685 | 15 mg 20 mg | 26.4 26.3 | 15.15 19.96 | 400 525 | 14.19 7.25 | 13.92 7.11 | 1.92 1.93 | 3:13 | 4.6 5.9 | 0.152 0.118 | 470 1207 | 186 616 | 1.50 | 1.45 | 0.51 | 1.31 |
| 686 | 15 mg | 14.5 14.9 | 15.52 20.13 | 225 300 | 7.83 8.87 | 7.71 0.65 | 1.47 2.45 | 6.06 6.91 | 6.1 | 0.171 0.113 | 479 564 | 165 300 | 0.83 0.50 | 1.14 | 1.13 | 1.33 |
| 687 | 15 mg 20 mg | 26.5 27.4 | 15.09 20.07 | 400 550 | 12.41 23.44 | 12.25 22.97 | 1.30 | 5.49 10.88 | 6.0 | 0.117 | 537 391 | 277 208 | 2.02 1.00 | 1.91 | 1.89 | 1.38 |
| 688 | 15 mg 20 mg | 21.8 22.1 | 14.91 20.36 | 325 450 | #.32 11.13 | 8.14 10.78 | 2.20 3.12 | #.31 5.73 | 7.5 5.8 | | 651 674 | 424 339 | 0.97 1.75 | 0.69 | 1.34 | 1.38 |
| 689 | 15 mg 20 mg | 28.2 28.5 | 15.07 20.16 | 425 575 | 8.99 19.55 | 7.36 17.43 | 18.13 10.86 | 4:87 7:63 | 11.5 9.0 | 0.061 0.077 | 788 490 | 781 381 | 0.50 1.00 | 1.57 | 2.17 | 1.35 |
| 690 | 15 mg 20 mg | 32.9 33.1 | 15.20 19.64 | 500 650 | 11.41 13.52 | 11.30 13.00 | 0.98 3.87 | 6.36 6.24 | | 0.244 0.134 | 730 801 | 180 358 | 1.55 1.50 | | 1.19 | 1.30 |

Number of Pages Redacted 18



Draft Labeling (not releasable)

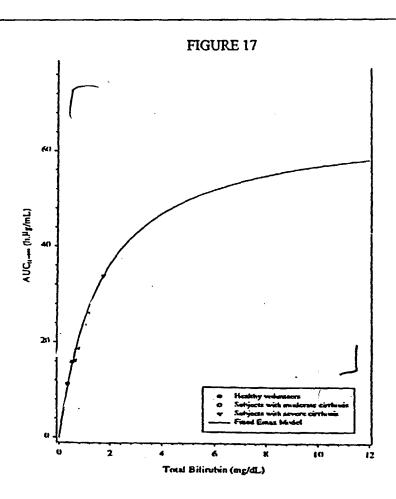




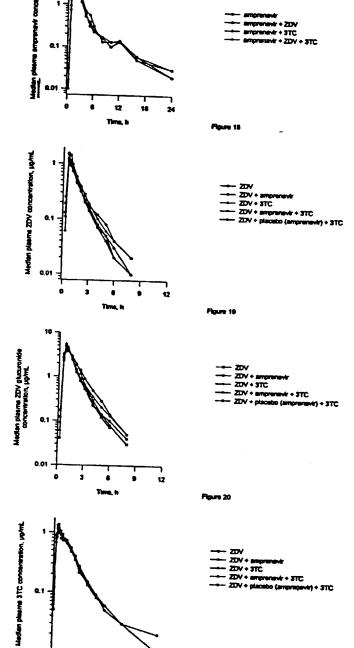
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Agenerase NDA 21-007&21-039 Vijay Tammara Prabhu Rajagopalan Individual data (PROB1008)

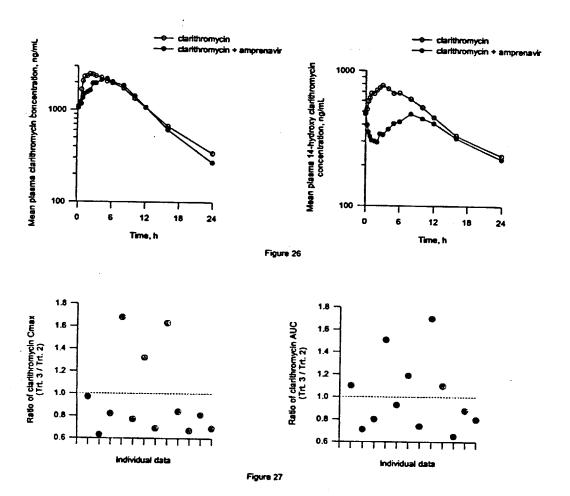
| C _{ress} , ng/mL | | | A | UC∞, ng.h/r | nL | CL/F, mL/min | | | |
|---------------------------|-----------------------|------------------|---------|-----------------------|------------------|--------------|-----------------------|------------------|--|
| Healthy | Moderate cirrhosis | Severe cirrhosis | Healthy | Moderate cirrhosis | Severe cirrhosis | Healthy | Moderate cirrhosis | Severe cirrhosis | |
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| Parameter | Estimate | SE | %CV |
|--------------------------|----------|------|------|
| AUC(max), µg.h/mL | 66.46 | 9.36 | 14.1 |
| BIL _{so} , g/dL | 1.65 | 0.49 | 29.7 |
| R ² | 0.65 | | |

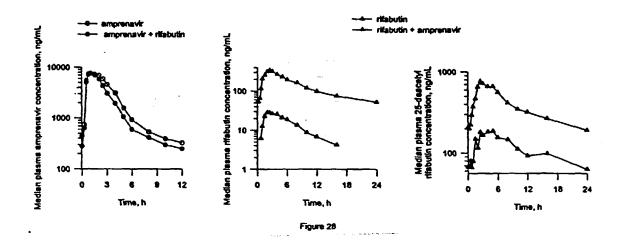


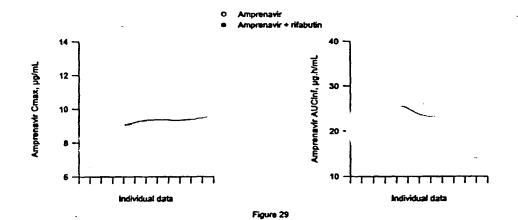
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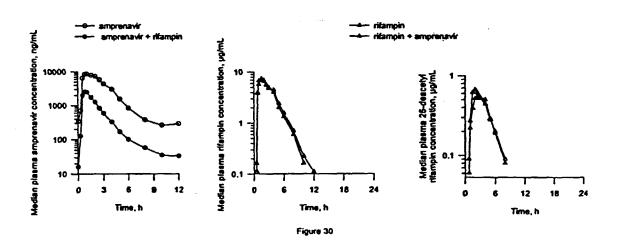


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APPENDIX 1

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Figures and Individual Data

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Figure 1. Mean Plasma Concentration - Time Profiles for Amprenavir (PROA 1004)

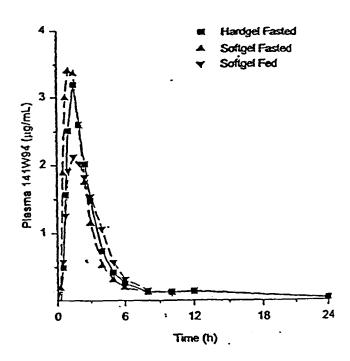
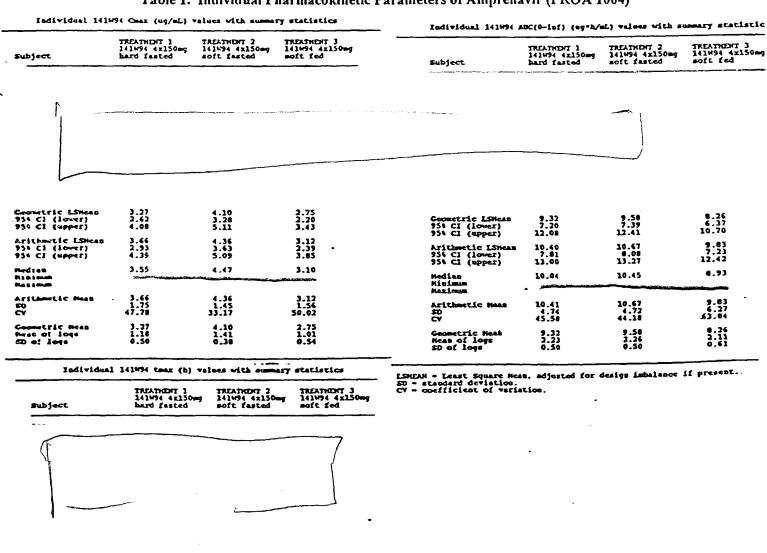


Table 1. Individual Pharmacokinetic Parameters of Amprenavir (PROA 1004)

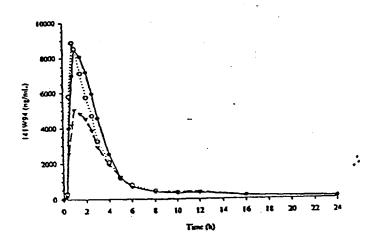


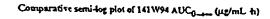
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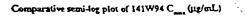
1.50

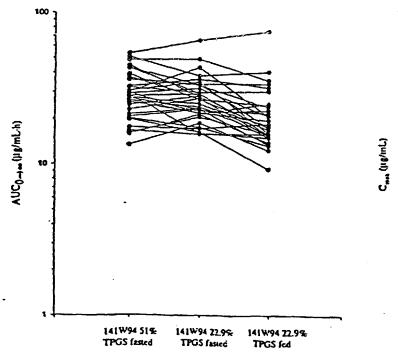
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Figure 2. Mean Plasma Concentration -Time Profiles and Comparative plots for Amprenavir (PROA 1010)









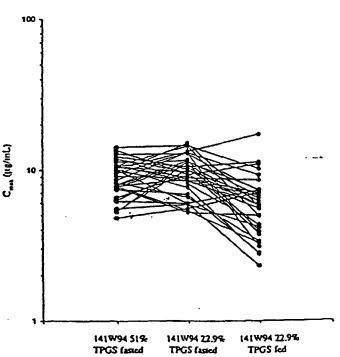


Figure 3. Mean Plasma Concentration - Time Profiles by Race for Amprenavir (PROA 1010)

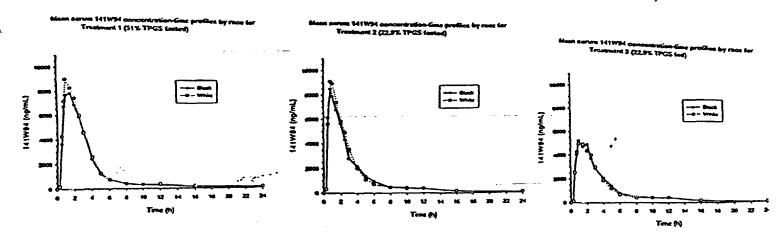


Table 3. Individual Pharmacokinetic Parameters of Amprenavir by Race (PROA 1010)

| Race | Treatmen | Tmax (h) | Cmax (ug/mL) | AUCinf (ugʻlVmL) | CL/F (mUmin) | Race | Tre stman ·· | Track (N) | Cmax (ug/mL) | AUCIN (ugʻlvmL) | CUF (mL/min) | Race | Treatmen | Tmax (h) | Cmax (ug/mL) | AUCinf (ugʻhilmiL) | CUF (mUmin |
|----------------|------------------------|-------------------|-------------------|-------------------------------|---------------------------------|----------------|--------------------------|-------------------|-------------------|----------------------|-------------------------|----------------|------------------------|-------------------|-------------------|-----------------------|---------------------------------|
| TRT1 Blacks | Mean SD Geo.Mean | 1.4 0.6 1.3 | 9.1 2.6 8.7 | 16.27 29.1 11.3 27.2 | 1230 780.3 273.7 734.4 | TRT2 Blacks | Mean · SD Geo.Mean | 1.1 0.9 0.9 | 9.6 2.2 9.3 | 27.3 12.3 25.6 | 819.5 239.7 781.0 | TRT3 Blacks | Mean SD Geo,Mean | 1.4 0.6 1.3 | 6.7 3.7 6.0 | 21.7 16.8 18.6 | 1172 <i>E</i> 427.7 10732 |

| ारा | Mean | 1.3 | 9.3 | 30.6 | 730.6 | | | | | | | TRT3 | Mean | 1.5 | 6.0 | 21.8 | 1011 |
|--------|----------|-----|-----|------|--------|---|------|-----|---------|------|-------|-----------|----------|-----|-----|------|------|
| Whites | | | | | 7.50.6 | TRT2 | Mean | 1.1 | 9.9 | 28.6 | 767.4 | Whites | SO | 0.7 | 29 | 11.4 | 357. |
| 441800 | SO | 0.5 | 2.6 | 10.5 | 267.6 | Whites | so · | 64 | 3.1 | 9.0 | 237.4 | ********* | | | | 20.7 | 967. |
| | Geo.Mean | 1.2 | 8.9 | 20.0 | 600.0 | *************************************** | ~~~ | | 0 | 3.0 | 227.1 | | Geo.Mean | 1.4 | 5.5 | 20.1 | |

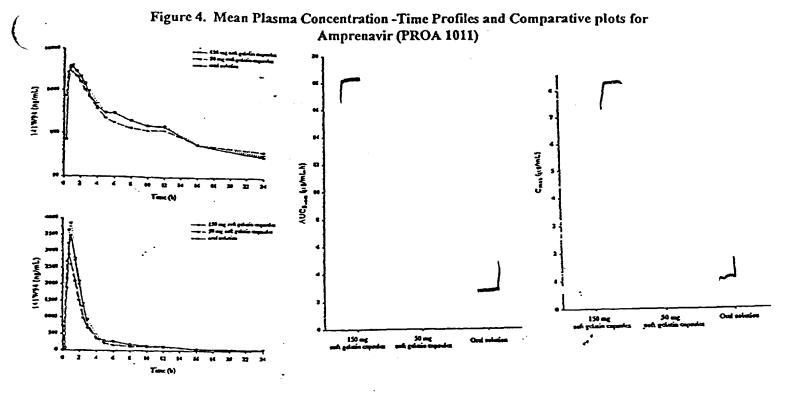


Figure 5. Mean Plasma Concentration -Time Profiles by Race for Amprenavir (PROA 1011)

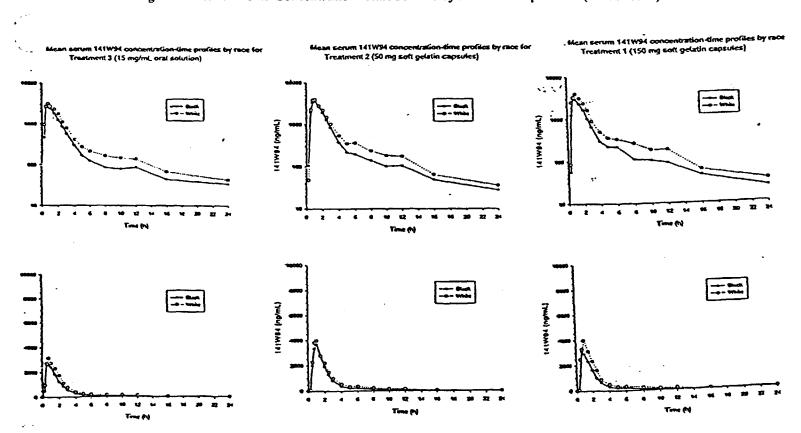
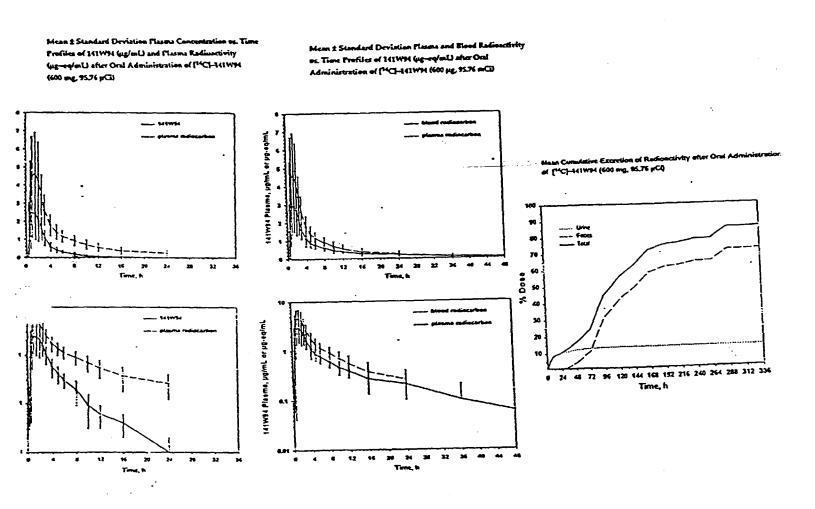


Figure 6. Metabolic Pathway of Amprenavir (PROA 1007)

Figure . Mean Plasma Concentration - Time Profiles of Amprenavir and Plasam Radioactivity; Mean Cumulative Excretion of Radioactivity (PROA 1007)



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Figure & Mean Plasma Concentration -Time Profiles for Amprenavir after Single Doses of 150, 300, 600, 900, and 1200 mg (PROA 1001)

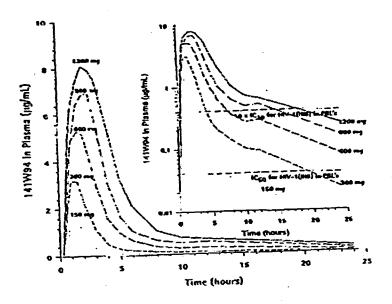


Table 7. Individual Pharmacokinetic Parameters of Amprenavir (PROA 1001)

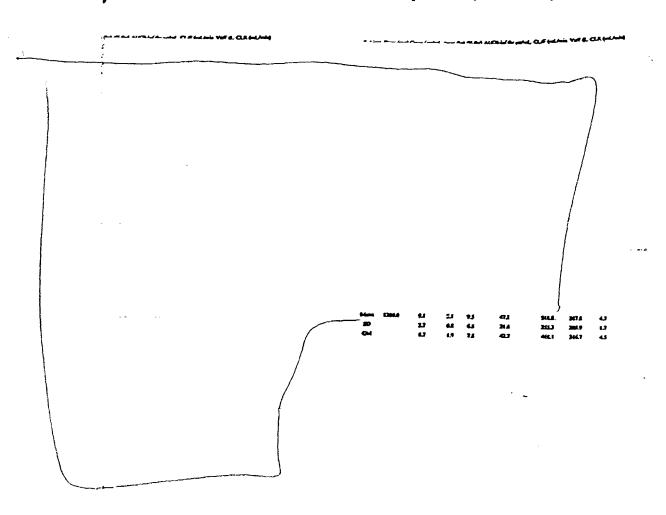


Figure 9. Mean Plasma Concentration - Time Profiles of Amprenavir (PROA 1002)

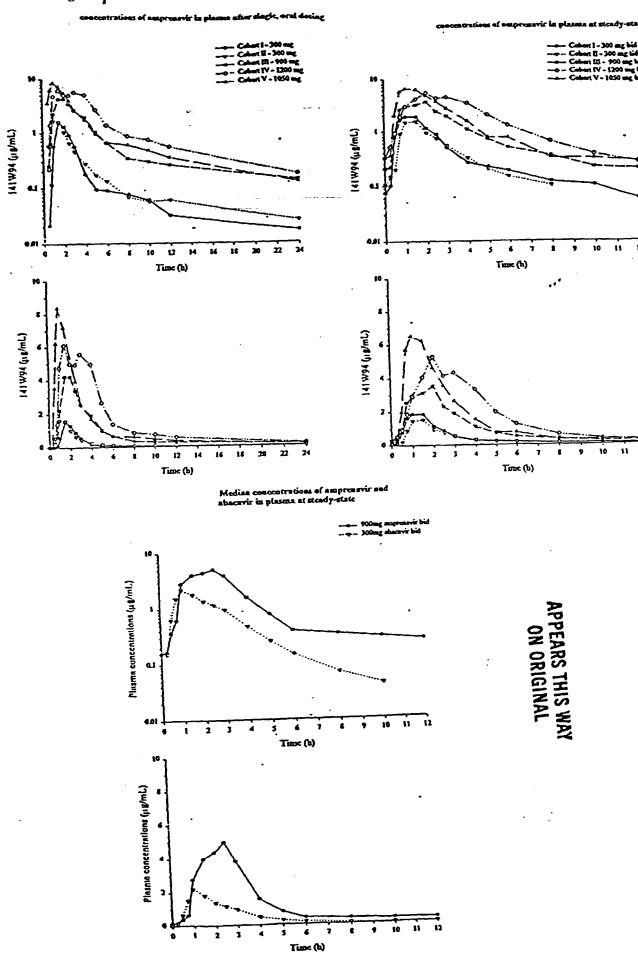
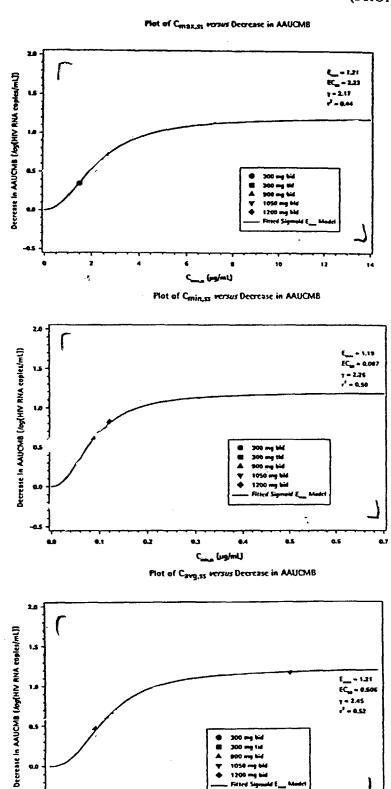


Figure 10. Fitted Curves for the Selected Sigmoid Emax Model (PROA 1007)

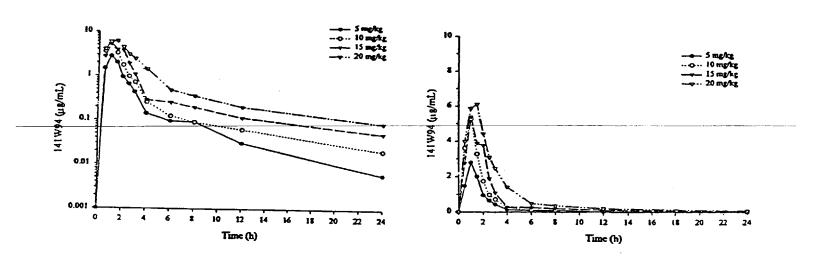


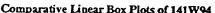
2.0

C_{man} (µg/mL)

2.5

Figure 13. Mean Plasma Concentration -Time Profiles and Comaprative Plots of Amprenavir in Pediatrics (PROA 1006)





Comparative Linear Box Plot of 141W94 C_{max} (µg/mL)

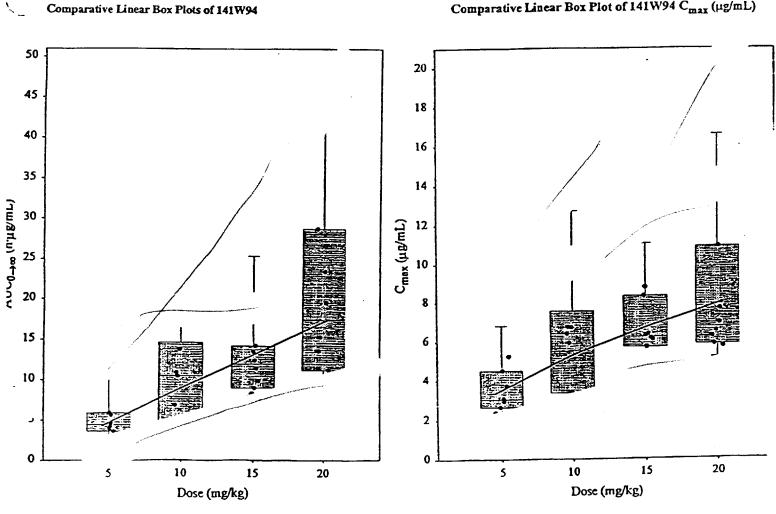


Figure 14. Mean Plasma Concentration -Time Profiles of Amprenavir in Pediatrics at Steady-State (Week 2; PROA 1006)

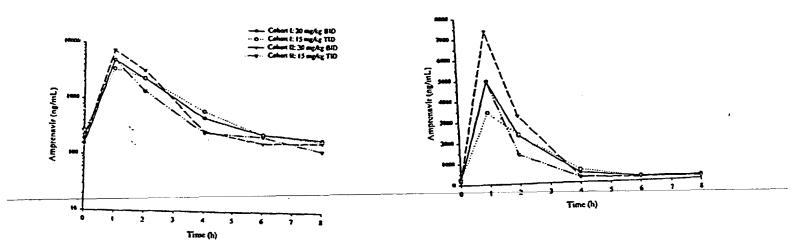
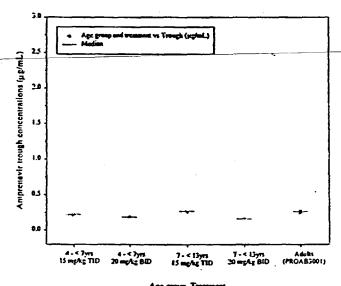


Table 12. Individual Pharmacokinetic Parameters of Amprenavir in Pediatrics at Steadu-State (Week 2; PROA 1006)

| Subj | Age | Sex | Race | Pidy Height (kg) | Treatment | 1:141 2:22 (#3) | Actual Ocse (mp/kg) | AUCteu (h.ug/mL) | Cavg, ss (ug/mL) | Cmax, ss (ug/aL) | Cmin, ss (ug/ml) | Lambda 2 (1/5) | CL/F (mL/min/kg) | t1/2 (h) | tmax (b) |
|-----------------------|-----|----------|------|------------------------|-----------|-----------------------|---------------------------|---|---------------------|---------------------|---------------------|----------------------|---------------------|-------------|-------------|
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Comparative linear plot of C versus age group and treatment



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